Ageing and Mobility- Making the connections

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Abstract

Spatial mobility in later life has received much attention by researchers and policy makers in recent years as part of discourses around *active ageing* and *ageing independently*. Here mobility is predominantly conceptualised in terms of its function for ensuring older people's well-being and quality of life. It is therefore often seen as a "means to an end", for instance in providing the individual with the capability to carry out independent activities of daily living. In this study, mobility was initially understood as movement through time and space. The data collection and analysis was based on the *life course approach to environmental gerontology* which allowed for the inclusion of temporal and spatial aspects of mobility in later life. This broad analysis is further expanded upon by participants' own meanings of mobility which were elicited during focus group discussions and interviews to include physical and psychological aspects of mobility. As a result, in this *participatory* research project, older people's discussions contributed to the expansion of the conceptualisation of mobility as fundamental to living, and consequently a broadening of the understanding of mobility in terms of a physical, social, psychological and spiritual *engagement with the world.* The nature of this engagement with the world is further analysed in terms of *connectivities*. These connectivities are developed over the life course and influence the way in which the older individual is able to relate to her or his social, structural and physical environment, and the resources that are available to the individual for coping with changes associated with ageing. I argue that changes in mobility and in the relationship between the ageing individual and the world are part of a dynamic interplay which supports continuity of identity and the self. But I also point to the limitations of current "decline" discourses of ageing which restrict the extent to which the ageing individual is able to make sense of the embodied experience of ageing and the continuity of the self in a coherent manner. This study shows that the inclusion of a transcendental or spiritual perspective into the life course approach would enable researchers and practitioners to emphasise the ageing individual's resources for a positive future.

Chapter 1

Introduction: Ageing and mobility- the context

This thesis is the result of a collaborative PhD research project carried out with 129 older people in rural County Durham in 2005-2006. The research project was designed to elicit older people's perceptions of issues surrounding daily mobility and social exclusion using participatory methods and approaches. The collaboration with the charity Age Concern intended to ensure that the research findings would be relevant and applicable to policy and practice on a local and national level. The study was designed to encourage participants to voice their concerns regarding their daily mobility and to present the findings to planners and policy makers. Older people can feel marginalised in modern Western society and researchers have identified the need to include older people in the production of knowledge and in decision-making for services which affects their lives (Help the Aged 2007; Reed et al 2006). This chapter gives an overview of the policy and research context of *ageing and mobility* in early 21st Century Britain focussing on rural areas in particular.

1.1 Active Ageing

A shift towards ageing populations has been identified by governments and international organisations (United Nations 2006; World Bank 2003; European Union 2009) as one of the major challenges facing societies in the developing as well as developed world over the next decades. The United Nations *Programme on Ageing* (2007) aims to work towards *age-inclusive* societies through mainstreaming the concerns of older people "systematically into the overall social development agenda" (Venne 2004; 1). Gerontological researchers identified *active ageing, mobility* and the *environment* as one of the key areas for further inquiry (UN 2007) in order to increase understanding of how to promote well-being and quality of life among older people. The World Health Organisation (WHO) developed a policy framework for *Active Ageing* which aims to ensure that "healthy older persons remain a resource to their families, communities and economies" (2002; 5). However they warn that government should be cautious regarding age-limits when implementing policies for older people because "chronological age is not a precise marker for the changes that accompany ageing". The WHO define *Active Ageing* as a "process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (2002; 12). The document lists some of the determinants of active ageing, such as culture and gender; behavioural and personal factors; the physical, social and economic environments; and health and social care systems. The *Active Ageing* agenda has since become embedded in many policy documents (Lowe and Speakman 2006; DWP 2008; DWP 2009) as well as in the general

discourses around ageing, citizenship and the "third age" which was also evident in some participants' narratives in this research.

1.2 Ageing in rural areas

A recent EU report on ageing (2009) states that in the European Union during the previous year the number of people aged 65+ years had for the first time surpassed the number of children below 15 years old, and that the number of people aged 80+ years is expected to increase from 22 million (2008) to 80 million by 2060. In the United Kingdom (UK) population projections forecast a rise of the population aged 60+ years from 20.8% (2002) to 29% by 2025 (UN 2007). Much of this rise is expected to occur in rural areas where currently the mean age of the population is already 42 years compared to 36 years in urban areas (Champion 2006). In some rural areas of Northern England projections estimate that by 2028 the proportion of people over the age of 50 will be 50%, one of the highest in the UK. Rurality has been defined in different ways; some definitions are characterised by the physical aspects such as population density (settlements of less than 10.000 inhabitants); other definitions are based on the social representation of the environment by those living in it (Keating and Phillips 2008). In this research most study locations would be considered rural under both definitions, although participants distinguished degrees of rurality and (physical or social) isolation of their own villages in relation to other settlements. Some of the ageing population growth in rural areas is derived from in-migration of older people on retirement. Many of the participants in this study had lived in the area for most of their lives. However there was a significant minority who had either returned after retirement to the area where they had grown up after having lived in other parts of the UK. There were even some participants who had retired to the area because they had grown to like it from holidays, and one participant moved to the area with his family without ever having been there before. Lowe and Speakman (2006) and Keating and Phillips (2008) question the stereotypical view of the rural idyll where older people will retire to inactivity in quiet and peaceful surroundings. Instead they argue that rural environments and communities are as diverse as the individuals who live in them (Keating 2008), and that the experience of ageing in rural communities is very much dependent on the relationships between the specific community's and the ageing individual's resources which the authors refer to as "person-environment fit" (*ibid* 127).

In order to remain economically or socially active in rural communities, transport and mobility are essential prerequisites (Lowe 2006; Speakman 2006; Dobbs and Strain 2008). But this mobility is taken for granted in an increasingly mobile society (Social Exclusion Unit 2004) and allowances

for the specific characteristics of rural environments are often not made by transport planners and providers. A report by the Social Exclusion Unit found that 29% of settlements in rural areas had no public transport (ODPM 2003). Where transport was provided the report states that "the deregulation of bus services [has] created a less stable, more fragmented public transport network" (ODPM 2003; 81). What this fragmentation means for older people's mobility experiences is included in the discussion of findings of this study. In the UK car ownership by people who are single and aged above 65 years is only 28%, with only 13% of women living alone and over the age of 75 years having access to a car (Age Concern 2005). Although rates of car ownership are above average in rural areas, the cost of running a car is higher in rural areas because of the distances involved in accessing facilities or services. The government recognises the need for good quality facilities and services in rural areas in order to support thriving communities. However the closure of hundreds of post offices across the UK since 2000 has led to the demise of many villages. Age Concern for instance found that 72% of villages had no village shop (2005). Local facilities not only contribute to thriving communities but also motivate older people to go out. Being physically and/ or socially active contributes to older people's well-being and positive mental health. These aspects of mobility were also relevant to participants in this study, as the study examines the relationship between physical and psychological aspects of mobility.

Where there are no local facilities, access to transport is vital in maintaining independence and good quality of life. In rural areas giving up driving can lead to social isolation, dependence and exclusion from services and community life (Help the Aged 2007). Although the integrated transport plan recently developed by Durham County Council (2007) considers the specific needs of older people in the county, another document regarding community transport planning for the rural Weardale district makes no mention of older people's transport needs (Weardale Community Transport 2005). Often older people feel that their views are not heard by politicians and planners (Help the Aged 2007). The participatory approach of this research aimed to remedy this marginalisation of older people by empowering participants to voice their concerns and present them to local planners and policy makers. The inclusion of older people's views and experiences in transport planning on a local level is essential to develop sustainable solutions to local transport specific issues. This can range from the siting of a bus stop to the co-ordination and integration of time tables and the distribution of accessible travel information. As the findings from this study confirm, flexible, affordable and accessible transport is essential to allow all residents in rural areas, but especially older people, to participate actively in society (Dobbs and Strain 2008).

1.3 Active ageing and mobility

The *active ageing* imperative is closely associated with a new political discourse on ageing which considers older people as a resource to their communities. This is linked to the perception of "third agers" as 'not old' as long as they are physically, mentally or socially active (Laslett 1989). After retirement older people are expected to be active and/ or productive for instance in voluntary work, caring and other roles (Le Mesurier 2006). Older people's commitment to their communities is to a great extent taken-for-granted. Participants in this study took great satisfaction and pleasure from being involved in their communities in meaningful ways. But some gerontologists have begun to question this discourse arguing that older people's civic engagement "fills gaping holes in the safety net and … lets government off the hook in providing for basic human need" (Minkler and Holstein 2008; 196). This structural critique is also taken up in this study. However what has been neglected this far is the important role of mobility in *facilitating* individual's active engagement in their communities, and conversely an acknowledgement of the role that being active has in *maintaining* this same mobility. This study explores the reciprocal relationship between physical and psychological aspects of mobility as facilitators of the individual's engagement with the world.

Much geographical research has focussed on the ageing individual's relationship with his or her environments in terms of 'environmental fit'. For instance Phillips *et al* (2005) speak of maximising older people's 'competencies' in dealing with a potentially restrictive urban environment. Joseph and Cloutier-Fisher (2005) point out that the withdrawal of many local services has created vulnerable rural communities in which (vulnerable) older people will be expected to increasingly help each other. Wiles (2005) investigates the changing home space as it becomes the site for the provision of care. In this context mobility is rarely discussed in detail except for the need for maximising mobility in order to support independence (Mollenkopf 2003; Bartlett and Peel 2005), and in terms of the effects of declining functional capacity and mobility for daily living in old age (Rudinger and Jansen 2003; Joseph and Cloutier-Fisher 2005). In this study I critically examine the link between independence and mobility, and develop the meanings that older people attribute to their changing mobilities. I draw on recent sociological literature of the 'mobilities paradigm' which has critically engaged with the discursive and political context in which mobilities are situated and taken-for-granted in 20th Century developed countries. Sociologists have developed the concept of 'mobilities' as a way of understanding the flow of information and goods across the globe, and of the social connectivities and networks which enable and enact these flows. Mobilities are defined in terms of *movement,* but this movement can be virtual, physical or even imaginary. Mobilities researchers have thus far neglected the specific

experiences of older people's mobilities as linked to the embodied experience of ageing. This study therefore links the broader conceptualisation of mobilities with the ageing individual's experience within their social, physical, personal and structural environments. The *life-course approach to environmental gerontology* supports the analysis of the individual's meaning-making and experience of their interaction with the environments over time and across space (Rowles and Watkins 2003). In addition I have here developed a conceptualisation of the relationship between the individual ageing person and his or her environment in terms of *connectivities* which are developed over the life course. This enables a more nuanced description and more flexible analysis of participants' dynamic relationships with their environments over time than the traditional 'person-environment-fit' approach which is based on the idea of 'adaptations' between individuals and their environments.

1.4 A brief overview of the thesis

Chapter 2 gives an overview of the conceptual framework of the *life course approach to environmental gerontology* and discusses its relevance to mobilities research and older people. I also discuss relevant literature around mobility, ageing and social participation. I conclude that although mobility has received much attention among researchers in recent years, its changing meaning for later life experiences has thus far been neglected.

In Chapter 3 I describe the theoretical approach, methods and procedures used during fieldwork, data collection and data analysis. Particular attention is given to a discussion of the participatory design of the research project and its ethical considerations. The data analysis is based on *constructivist grounded theory* which enabled a critical examination of participants' narratives within their social-structural discursive contexts.

Mobility and *independence* are conceptually examined in Chapter 4. After an examination of the discursive context of mobility in relation to *disability*, I broaden the meaning of mobility as understood by participants to include physical and psychological aspects of mobility. I argue that with increasing age participants shift the meaning of mobility from the physical to the psychological in order to maintain continuity of self and a meaningful existence. As a result mobility is conceptualised as physical, psychological, social or spiritual *engagement with the world*. Although mobility and independence are closely related in participants' narratives I conclude that older people recognize the inter-dependent nature of their social relationships and that mobility enables inter-dependence.

Chapter 5 identifies some of the factors which influence participants' mobility both in terms of challenges and in terms of resources for overcoming obstacles to mobility. Factors which participants identified as significant include the natural and built environment, transport and health. Individuals with physical disabilities and/ or sensory impairments faced particular challenges which are discussed separately. I conclude that environments can become disabling for older people as they age, but that participants in this study were generally able to draw upon a wide range of resources to deal with challenges to their mobilities.

Chapter 6 develops the concept of *connectivities* as a means for and an expression of older people's engagement with the world. Connectivities can be on many levels- from the emotional and psychological to the physical- and are often enacted on many scales- from the individual to the representative. I argue that the nature of people's connectivities are subject to personality and experience influences and are developed over the life course. Older people can become disconnected from society not only because of their alienation from societal attitudes and practices, but also due to a lack of personal or structural support in maintaining positive connectivities. Subsequently mobility practices are often an expression of these positive or negative connectivities.

In Chapter 7 I draw on participants' discussions of the meaning of 'ageing' and 'old age' to develop a critique of environmental gerontologists' approach to studying older people's lives. I argue that the inclusion of a humanistic perspective can enrich ageing theories to allow for a positive approach to ageing as a time when the individual is able to draw upon a rich variety of lifetime resources in order to live a meaningful and fulfilled life in spite of physical frailty. The emphasis on physical decline and restrictions to mobility in old age lose some of their significance when spiritual and transcendental aspects of an individual's life are taken into consideration.

The conclusion in Chapter 8 draws together some of the arguments made and discusses their significance in relation to the literature. The chapter also identifies some of the limitations of the research, suggests further areas for research, and lists some implications for policy and practice.

Chapter 2 Introduction to the literature: Environmental gerontology, mobility and exclusion

2.1 Environmental gerontology and the life course

Researchers studying ageing have over the last decade become increasingly aware of the links and interplay between the individual and their spatial environment in determining ageing processes (Andrews et al 2007). Initial work by ecological gerontologists was deterministic and functionalistic in its analysis of the relationship between the older person and the environment (for instance disengagement and activity theory). More recently researchers have emphasized the contingent nature of ageing, acknowledging the complexity of the relationship which is dependent on many social-cultural processes and temporal and spatial variables as well as individual psychology (Peace *et al* 2007). The newly emerging discipline of geographical gerontology addresses a multitude of issues and debates surrounding ageing (see Andrews et al 2007 for a more detailed review), geographical migration (Gustafson 2001); ageing in place (Rosel 2003; Cutchin 2009); healthy or active ageing (Bryant, Corbett and Kutner 2001; Bartlett & Peel 2005); place and identity (Peace *et al* 2005); the rural and urban (Joseph & Cloutier-Fisher 2005; Phillips *et al* 2005) and other living environments. Laws (1997) for instance, lists some of the dimensions of spatiality which influence identity and social inclusion: accessibility, mobility, motility, spatial scale, and spatial segregation. She argues that the experience of ageing is dependent on these environmental factors. Joseph and Cloutier-Fisher (2005) point out the influence of historical, political and economic processes in creating disadvantaged rural communities in New Zealand and Canada with disadvantaged and excluded older residents. They make a link between individual vulnerability and structurally created vulnerable communities. Findlay (2005) uses a psychology based life-span approach to demonstrate that the personal resources available to an older person are dependent on previous life experience and choices as well as social-cultural context and discourses.

For this research project I have adapted and developed a theoretical framework based on the *life course approach to environmental gerontology*, which allows for an integrative analysis of the experiences of the ageing individual, the life course and the environment, bringing together spatial as well as temporal influences and factors in their relationships with particular reference to mobility and social exclusion. As mobility is movement through space an environmental framework is particularly suited which will allow for the consideration of the ageing individual within their spatial, but also social and structural environments. Barriers and challenges to mobility (Chapter 5) have been analysed within this framework. In addition there are many aspects of both mobility and social exclusion which have temporal origins, for instance patterns of mobility developed over the

course of an individual's life or the link between exclusion in old age and that experienced in younger years. Resources which help to overcome barriers to mobility in old age are often the outcome of the development of resources throughout the life course. My approach is therefore based on environmental gerontology, but combined with a life course approach as outlined by Rowles & Watkins (2003), and further developed here to encompass the particular concerns of this project. This includes in particular the consideration in this thesis of embodied as well as transcendental and spiritual aspects of ageing in Chapter 7. The following gives a brief overview of the theoretical framework as developed in the literature and its relevance for this research project.

Environmental gerontology is an approach which considers the ageing individual in his/her spatial environment:

> *The ecology of ageing is particularly concerned with the description, explanation, and modification of the relationship between the ageing person and his/her socio-physical environment.*
> (Wahl 2003; 7)

Lawton & Nahemow (1973) first developed the functionalist Environment-Press-Competence Model in environmental gerontology, which considers older people as vulnerable due to impairment and disability, but grants them the ability to make adaptations to compensate for environmental challenges in order to allow 'density of control in the spatially reduced world of old age' (Wahl 2003). The model could be criticized for its functionalist approach in viewing the interactions between individuals and the environment in terms of adaptations, which neglects barriers to mobility such as socio-cultural and material exclusion. In addition, it may be criticized for assuming the spatial expanse and mobility of mid-life as the norm, whereas such a norm should not be extended to old age as a baseline from which to measure spatial movements. The original model views old age in terms of decline and as being fraught with obstacles and limitations. Rowles (1978) proposes a transactional or developmental approach to studying older people in their environments in his pioneering 'Prisoners of Space'. He attempts to formulate the distinctive experiences of an *older* person within their environment which emphasize not the spatial constriction through physical limitations in the older person, but instead he highlights the change in the quality of the interaction from physical engagement to 'geographical fantasy' based on a geographical life-space which encompasses the individual's interaction over the life course.

In more recent work Rowles & Watkins (2003) have further developed their work based on older people's perceptions of their environment and have investigated 'how ageing persons are embedded in their environments, as well as how the environment is biographically anchored within older persons who normally have spent decades in the same place' (Wahl 2003; 6). The transactional

model as represented by Rowles & Watkins (2003) considers the subjective perceptions and the creation of meaning by older people as they interact with their environment. The authors develop a combination of the life course approach with person-environment interactions over time while investigating how individuals transform *spaces* into *places* throughout their life course. They argue that individuals live in space and time, which become imbued with meaning through the creation of a temporal continuum in the narrative of the life history ('being in time'), and through the creation of a spatial continuum in the transformation of spaces into places throughout the life course ('being in place') (2003; 78). A place is therefore a phenomenologically activated space in the environment, in the case of Rowles & Watkins the home environment. Other researchers also consider place not as an empty vessel to be filled but as an 'operational and living construct' (Joseph & Cloutier; 2005; 135) which is dynamic and multi-layered. Based on earlier work by Rowles (1978) this approach to meaning- enhanced spaces has been extended in this research into the outside environment, as it addresses older people's perceptions of their environment in which they move around- both indoors and outdoors. In this participatory research project I was particularly interested in eliciting older people's own meanings and subjective perceptions of mobility and ageing within their environments. Because of the project's participatory approach I wanted to emphasise the older person's experience and lived reality. Based on Rowles and Watkins' approach to environmental gerontology I have been able to take a positive and contextual approach to studying mobility and ageing from the older individual's perspective which has resulted in a broader analysis and conceptualisation of mobility (see Chapter 4).

In this thesis I would also argue that all spaces which are open to individuals become infused with meaning over time, in particular if they are visited regularly, as the individual moves through this space and interacts with the space experientially and phenomenologically. As both individuals and spaces change over time, so the relationship is likely to evolve and change. According to Rowles & Watkins a 'place' is characterised by three elements: physical intimacy and familiarity; social interaction and meaning in space; and an *autobiographical insideness* (2003; 79) where the self becomes part of the place and *vice versa*. The authors seem to predominantly associate 'being in place' with positive emotions, with an emotional bonding process characterised by feelings of comfort and intimacy, which become part of the individual's identity (See also Wiles *et al* 2008). I would point out though that places do not necessarily have to be associated with positive emotions in order to have meaning. Not only could they be imbued with emotions such as fear from the very beginning, but these could also change over time, depending on the experiences of the individual in these spaces. For instance, a happy home may become an unhappy home with the break-up of a

relationship; or a favourite walk through the woods may become a journey of fear after an attack in the dark. In this way the establishment of a daily routine, which Rowles and Watkins (2003) consider as an essential element of place making, could become a routine of avoidance, rather than possession. I would also like to point out that the temporal and spatial continua which the authors relate to meaning-making can become disrupted through significant life events. The result can be that the ageing individual has difficulty integrating the disruptive events into their own life stories which was evident in some of the participants' contributions. For instance the diagnosis of dementia in one participant (Charles, section 5.3.2) and the loss of a driving licence in another (Robert, section 4.3.4) resulted in crises of identity and meaning.

Continuation and change across the individual's life are elicited through the life course approach which strengthens the theoretical base on which to build the temporal component of the research, as it considers the individual biography within a historical context. This includes both individual as well as cohort and social-structural elements and how these impact on the ageing experience. In addition, I draw on Tornstam's theory of gerotranscendence (2005) which provides a basis for understanding the changes in perceptions, worldviews and experiences which accompany the ageing process. When using these changes as a basis for understanding older people's experiences then the reduction in mobility cannot necessarily be seen as 'decline' and exclusionary. I believe that older people's lives need to be understood on their terms rather than through normative assumptions which are based on mid-life experiences of mobility and exclusion. Participants' statements in this research indicate that the ageing individual may undergo a transition from an absolute understanding of unimpeded mobility based on middle age experience, to a relative and contextualised understanding of their own mobility. The life course approach developed as a way of looking at the ageing process in terms of continual or changing processes throughout an individual's life span.

According to Hareven & Adams,

> *The life course approach … views life transitions and changes in work status and family relations as a life process, rather than an isolated state or segment of human experience… Rather than viewing any stage of life, such as childhood, youth and old age, or any age group in isolation, it is concerned with an understanding of the place of that state in an entire life continuum.*
> (1982; xiii)

Hareven (1995) emphasizes the historical nature of human existence; i.e. each individual is shaped by a combination and accumulation of past socio-cultural and individual influences and events throughout their life course. Riley & Riley (1999) emphasize the interplay between people and structures as the central concern of life course research. They argue that social structures need to be taken into account for planning successful interventions to improve older people's lives. Giele &

Elder (1998) list four components which shape the individual's life course: Geographic and historic location; social ties and relationships; personal control and agency; and variations in timing relating to the individual's age at a certain point in time. These variations and the interplay of these components explain some of the cohort and individual variability found in ageing individuals and groups. In fact, Riley & Riley argue that 'the variability of the ageing process is one of the truly universal social principles' (1999; 125). Differences between cohorts have to be taken into account when studying older people, as they make the ageing population a far from homogenous group (Arber, Davidson & Ginn 2003). In addition, Arber & Evandrou (1993) point out, that factors other than age influence individual identity, e.g. class, education, gender and other roles. Researchers have been discussing whether old age actually exists. Wilson (2001) argues that old age is a life stage but has fluid boundaries. The term 'older people' is a relative, not an absolute term. Because 'old' is not a neutral expression but part of a discourse which marginalizes the individual Wilson (2001) calls for researchers to define old age specific to their research context and not in essentialist terms. Jones (2006) also found that older people themselves use the term mostly for others, not themselves, thus pointing to the relative nature of age in contrast to other groupings based on gender. She concludes that age as a category is fluid and context specific in conferring an identity on the speaker or others. Turner (1994) proposes that the fragmentation of the post-modern life course encapsulates multiple identities and therefore lacks consistency in terms of a life course. He argues that 'the continuous self is threatened and undermined by the very discontinuity of the body' (1994; 110). This relates to what Featherstone and Hepworth (1991) have termed 'the mask of ageing' which expresses the sense of a youthful self experienced inside a physically ageing body. The tension caused by the discrepancy between self and body in postmodern times may be dealt with through measures which maintain the young physical body, thus denying ageing. Giddens (1998) develops the notion of 'life trajectories' as an alternative to a continuous life course, which is linked to the self and choice, and allows the individual to re-invent themselves at any time. Everingham (2003) criticizes Giddens' notion as individualistic and as the product of an existential ontology which ill-prepares individuals for the challenges of old age and which has failed in providing a discourse for the inter-relationships and inter-dependency of co-existing generations. Recent research by older people themselves has emphasized inter-dependency as a guiding principle of later life (JRF 2004). What is as yet unknown is to what extent this awareness of interdependency is cohort specific (relating to a WWII generation who are used to helping each other out in times of need), or whether this awareness is a product of the ageing process itself. As indeed the coming generations of older people (i.e. the baby-boomers) have grown up with a more individualistic culture based on consumption and choice they may grow old isolated and

unsupported by their communities. The life course approach aims at studying older people's progression through life in the historical context of the cohort specific socio-cultural influences and behaviours (Vincent & Mudrovcic 1993). Humphrey (1993) gives an example of the significance of cohort socialisation for patterns of ageing in County Durham. He describes the separation of older men and women in their socialising as the product of the working class mining cultures of the early and mid-20th century when men worked in the mines together and socialised in the working men's club, whereas women initially were bound to the house and child-rearing, but after WWII found ways of socialising through voluntary and community groups. These processes of class-specific socialising were also evident in this research project. Other researchers have found connections between the earlier life course and an older person's ageing, for instance in relation to persistent financial hardship and its influence on later life health (Kahn & Pearlin 2006). But researchers have not solely concentrated on the detrimental aspects of life course influences. Like Rowles and Watkins (2003), Kruse (2003) for instance argues that individuals build up resources or 'life competency' throughout their lives which help them to adapt to ageing. According to the researchers the subjective perception of resources influences the ageing experience and makes individuals more or less resilient to the challenges of old age. For instance wisdom is developed through a reflective engagement with challenges and tasks throughout the life course. Similarly Rowles and Watkins (2003) argue that the ability to make spaces into places is developed over the life span. Poortman & van Tilburg (2005) found that beyond the ageing individual's past life course their children's life course can also exert influence over older people's experiences and attitudes. The authors found that those older people whose children were co-habiting were found to be more progressive in their attitudes than those whose children were married.

Because on the whole patterns of behaviour, resources, motivations and attitudes are developed over the life course and thus provide continuity of identity, I am studying patterns of mobility in this temporal context. Changes in old age have to be viewed in relation to the earlier life course to be able to understand the potentially disruptive or positive effects they may have on the ageing individual. The meaning of mobility which participants expressed in this research may change as a result of their own embodied experience of ageing. In addition, I will be examining the interplay of individual mobility and social structure over time (Riley & Riley 1999), for instance in the provision of public transport and community resources and services. I will argue that the ageing individual not only has to adapt to his or her social and physical environment, but also that communities themselves go through a cyclical ageing process and need a degree of adaptability and flexibility in order to be age inclusive and sustainable.

The life course allows for a structural analysis in relation to the individual and cohort, thus bridging the gap between micro and macro-levels of analysis. It is a tool in the contextual analysis of individual ageing. But beyond this approach I believe that it is vital in the context of participatory research to acknowledge the individual ageing person in order to address ageism.
Betty Friedan writes:

> *What I have been finding is the enormous denial of the personhood of older people. This is as true for gerontology, as it is for society as a whole. We define, we see age only as decline from youth. We seem unable to look at the experience of age in its own terms- age itself has no substance or meaning, no independent way of being defined, no values of its own. Our own exaggerated denial of our ageing is the force that feeds this way of thinking about old age- as non-existent.*
> (1988; 311)

Rowles & Watkins develop an experience-based life course approach to environmental gerontology. They recognise the complex relationship between older people and 'their' places, and warn of the serious disruption to older people caused by changes in their environment. Although the authors primarily refer to places such as the home environment, for this research I will extend the analogy to include the outdoor environment, where older people will have developed certain patterns of mobility, thus imbuing their preferred paths, roads and spaces with individual meaning. The life course approach to environmental gerontology will enable me to highlight patterns of mobility and perceptions of the environment in older people using the triangulation of individual- life course- environment. This theoretical approach will enable an analysis of both structural and individual factors which influence mobility and highlight the processes of interaction between the two levels. Rowles and Watkins' (2003) phenomenological approach to environmental gerontology is also suited to the participatory nature of this research which aims to create knowledge based upon participants' own experiences, understandings and meanings. Movement is carried out in time and space. As the name suggests environments and ageing are at the heart of this theoretical approach and will enable me to highlight the spatial and temporal factors in processes of social inclusion and exclusion, as they interact with issues of mobility and the experience of ageing.

2.2 Ageing and mobility

Mobility is an integral aspect of human existence. In fact it has been argued that mobility is the defining characteristic of all sentient beings. Schaie (2003) lists some of the goals of an individual's spatial mobility: It reduces personal isolation through the participation in cultural and leisure activities. It promotes spiritual and social well-being through access to and participation in religious

worship and meetings. It enables older people access to and a choice of goods and services, as well as health services and personal care facilities. It gives older people access to financial and other consultants. Others may be added, such as maintaining physical and psychological well-being through physical activity, and the maintenance of personal dignity, identity and independence. These goals are almost synonymous with the World Health Organisation's concept of 'active ageing' which stresses the importance to older people of opportunities to participate in society, involvement in communities, maintaining independence and accessing health care and support (WHO 2002). Mobility is thus closely linked to inclusion or exclusion in society.

It could be argued that Schaie's goals regarding mobility apply to all individuals regardless of age. What makes spatial mobility different for people in later life? Throughout our adult lives we take mobility for granted: the ability to move around and to get to a chosen destination via the best possible mode of transport. It is only with increasing age and physical frailty that mobility becomes an issue of concern, the lack of which has a profound effect on older people's well-being (Smith & Sylvestre 2001). I would point out here though that this approach to late life mobility seems a typical example of the uncritical assumption of mid-life as an ideal or norm from which to judge old age which leads to a certain amount of fallacy in the above argument. The first assumption made is that of unlimited mobility and choice in mid-life- this is not the case. Individuals are constrained in their mobility throughout their lives, often because of financial circumstances, but also for reasons such as lack of time because of work or other responsibilities like child care. A mother or family with young children is often greatly restricted as to their access to facilities or choice of transport. More so in the past, but even nowadays, buses were not equipped to accommodate prams for instance. A careful differentiation of the relationship of the individual with his / her environment is necessary in order to understand the changes in mobility in later life. The analysis of this research project shows that it is not the environmental- or exogenous- factors which principally restrict older people's mobility. But the physical ability and mental willingness of individuals to engage with or overcome those constraints change as people grow older. Psychologists have noted that with increasing age individuals become more accommodating and accepting, avoiding conflict (Findlay & McLaughlin 2005). Some psychologists have conceptualised this change in attitude in terms of control (Heckhausen & Schulz 1995). They argue that perceived control is vital in the meaning which older people assign to life events, and that in response to those events such as obstacles to mobility the individual would either aim to take action to overcome the obstacle (*primary control*) or they would change their attitude or internal world to accommodate the change in circumstances arising out of the challenge (*secondary control*). These

strategies support continuity and maintenance of the older person's identity and sense of self. Giddens (1991) argues on a macro-level that 'ontological security', the 'sense of safety of one's being', is threatened by postmodern life and globalisation, which leaves the individual without a sense of belonging. Blaikie (2005) feels that as a result of a lack of ontological security older people may turn to 'involution' – a backward glance to an imagined community of the past- in order to cope with increasing insecurity. Both research approaches indicate that the ageing process is a dual process which affects both mind and body. As a consequence I would argue that mid-life mobility cannot be taken as the norm from which to judge later life mobility. I would even argue that older people's expectations and aspirations can undergo a change where people no longer feel the need to be as active as they used to be because they begin to engage with transcendental concerns. These points will be discussed in detail during the analysis. Suffice it to say at this point that my argument does not support the theory of disengagement which was based on a structuralist premise of 'adaptation' between the individual and society (Lawton & Nahemow 1973).

Nonetheless, as postmodern life in the Western world demands increasing amounts of flexibility and mobility from all members, this mobility has become a necessity not only for the fulfilment of basic necessities in daily life, but also for the expression of individual identity and for social life (Mollenkopf 2003). For ageing individuals mobility remains vital for instance to enable independent access to cultural resources and facilities, to participate in religious/ spiritual activities, continue an active role in society, and to retain choice in the access to health, financial and other services (Schaie 2003). Mobility is therefore necessary for the overall well-being of individuals as they grow older, understood here in broadest terms as comprising physical, social, mental and spiritual well-being. The continuity of the individual in his/ her life course is important in this context, because on the one hand the same person moves through time and space using patterns that were established over the life course. And on the other hand ageing brings with it irrevocable changes which affect mobility thus necessitating what environmental gerontologists regard as 'adaptive' behaviour.

2.2.1 The mobilities paradigm

Mobility is a concept used in a variety of different contexts, and researched using differing strategies. In the broadest sense Scheiner & Kasper (2003) for instance identify six different types of mobility: Social, spatial, transport, housing, physical and virtual mobility. The authors conclude that all types of mobility are interrelated, for instance when people move to a 'better' neighbourhood, they see themselves as climbing up the 'social ladder'. This research was initially

particularly concerned with those aspects of mobility which related to physical movement, i.e. spatial, transport and physical mobilities. Through the research and analysis process another type of mobility became prominent: the mobility of the self, or 'psychological mobility' which relates to an openness of mind, a willingness to connect with the world. In this section I explore recent literature relating to spatial, transport and physical mobilities. This literature can be divided into three categories: Firstly those studies that view mobility in later life in relation to health, well-being and the maintenance of independence (Stahl et al 2008; Brandon et al 2009; Callisaya 2009; de Moston et al 2008; Holstein 2007; Paterson et al 2007(discussed in section 2.2.3)) ; secondly those who view mobility in relation to connectivities of the physical and built environment (Yeoh 2006; Lockett 2005; Vojnovic 2006; Morris et al 2008; Cass et al 2005) (discussed in section 2.2.2); and thirdly those who view mobilities in terms of movement and travel (Frello 2008; Larsen *et al* 2006; Baerenhold and Granas 2008; Larsen, Urry and Axhausen 2008; Cass, Shove and Urry 2005; Jensen 2009). I shall begin by discussing the latter approach. Social theorists (Urry 2000; Sheller and Urry 2006; Cresswell 2006) have recently developed a *mobilities paradigm* which is a basis for understanding social processes in an increasingly mobile world. With this approach they critique the *sedentarist metaphysics* of earlier times which considered society in terms of place attachment, rootedness and spatial order. *Mobilities* researchers such as Larsen, Urry and Axhausen (2006) consider mobilities as the movement of people, information and material resources largely in the form of travel. This new *nomadic metaphysics* considers place and fixidity as confining, and therefore aims to understand social phenomena in terms of flows and dynamisms. They develop a 'politics of mobilities' and argue that the unequal distribution of resources for travelling leads to the exclusion of sections of society unable to afford travel. The authors concentrate in their analysis and critique on 'workers' and those aspects of mobilities related to economic activity. I would argue that older people also need to be considered in this context, because although they have plenty of time to travel, they often lack the financial resources to do so (as one retired participant observed). Jensen (2009) argues that mobility should not only be considered as a citizen's *right* but also in terms of the *pleasure* it provides. This aspect is often forgotten by transport planners who tend to concentrate on the functional rather than the affective or aesthetic aspects of travelling. Many older people travel for pleasure rather than work, in particular since the introduction of free bus travel for older people in 2008.

2.2.2 Mobility and connectivity

There have been many studies which consider the relationship between the older individual and his or her environment. Geographers in particular are interested for instance in the influence of the

physical or built urban environment on older people's physical activity (Morris et al 2008; Vojnovic 2006), environmental barriers to walking (Lockett 2005; Frank et al 2008; Stahl et al 2008), as well as the relationship between individuals' perceptions of the environment and their mental health (Leslie 2008). Some of these studies have used the concept of 'street connectivities' or 'connectivity of the environment' to explore these issues. In this context the concept relates to the quantity and quality of connections in terms of paths, roadways or transport connections between places of interest to people. For instance Lockett (2005) and Frank (2008) investigate barriers to walking in the context of urban environmental connectivities. Vojnovic (2006) links connectivities with the incidence of disability and economic advantage. He concludes that good quality street connectivity promotes physical activity among older people in an urban environment and thus delays the onset of severe disabilities. I would argue that the relationship between economic disadvantage, walking and disability is likely to be more complex and cannot be solely attributed to street connectivities. The accumulative effects of life-long economic disadvantage are likely to be more significant for the onset of disability in later life than environmental connectivities. In addition it is likely that these connectivities are in fact partly the outcome of lifelong economic advantage among individual residents and urban government policies and investment. The findings from this study would suggest that connectivities enable older people to remain physically active to an extent, but that local facilities play an important role in motivating individuals to actually leave their home in the first place. In more disadvantaged communities there are likely to be fewer local facilities (Scharf et al 2006). The same has been found in some of the rural areas in this study where local shops, pubs and post offices have closed down in recent years. In addition I would argue that older people's *perceptions* of their environment have a powerful influence on the actual use of environmental connectivities.

Other researchers have conceptualised connectivities in terms of social networks (Jensen 2009), communication (Larsen and Urry 2008) and travel which enables the enactment of connections and social networks beyond the local scale (Baerenholdt and Granas 2008). Savage *et al* (2005) argue that connectivities and social networks create material, emotional and imaginary mobile geographies and Jensen (2009) proposes an understanding of the "mobile city" in terms of the constant flow of connection and disconnection. He argues that "mobility practices are part of the daily identity construction of the mobile urbanites as well as there are aesthetic experiences and emotive attachments to be made" (ibid; 152). In a rural context Dobbs and Strain (2008) investigate the role of mobility in enabling older people to connect with their communities. They

conclude that sustainable, flexible and accessible transport options are vital in maintaining older people's connections with their communities.

This summary of recent research among geographers and other social scientists illustrates the conceptual link between environmental and social connectivities and older people's mobility. This study develops and expands these conceptualisations of mobility and connectivity to include the relationships between *mental* mobility and *emotional* and *mental* connectivities developed across the life course. I develop an understanding of mobility as 'engagement with the world' based on the idea that mobility practices are essentially an enactment of our connectivities.

2.2.3 Physical activity and ageing

The study of physical activity and mobility in older people has been associated by researchers with the concepts of independence (Brandon et al 2009; Paterson, Jones & Rice 2007), health (de Morton, Davidson & Keating 2008) and disability (Holstein 2007; Frank et al 2008; Freedman et al 2008; Morris et al 2008) or impairment (Black et al 2008). Mobility is considered an essential aspect of well-being in the elderly (Smith & Sylvestre 2001). But what is the conceptual relationship between physical activity and mobility? Physical activity relates to activities which require a measurable degree of physical exertion, such as walking, lifting and gardening. Many studies into physical activity follow a functionalist model which assesses mobility in terms of the functional ability to carry out Instrumental Activities of Daily Living (IADLs) (Holstein 2007). De Morton et al (2005) for instance developed a 'mobility status' assessment tool for patients in hospital which measures functional capabilities such as sitting, standing, walking and bending. Paterson et al (2007) relate the improvement of functional capacity through exercises to falls prevention and mobility improvements. In addition, Bennet and Morgan (1993) distinguish 'activity as exercise' and 'activity as social engagement'. They found gender differences in the type and degree of physical activities in the elderly, with women being more active in the domestic sphere, and men taking part in more leisure activities. Mowl *et al* (2000) found in their study on ageing and the home space that working-class men avoided staying at home as they associated this space with inactivity and thus ageing. In contrast, women continued to work in the house and took pride in its appearance as a sign of youth and activity. This was the case only for a small number of participants in this study. In fact some women commented that they "were never in the house now" as they were too busy being out and about. These women enjoyed their new-found freedom from family and work related responsibilities.

In some instances activity and mobility may be used interchangeably, as one is required in order to carry out the other. But a closer inspection reveals that there are conceptual differences:
The study of physical activity concentrates on the physicality of the body, its functions and capabilities outside the spatial context. In contrast, mobility relates to the physical aspect of activity as the individual moves through space; but it also encompasses movements, which require little physical exertion such as driving or being driven in a car. Thus the spatiality of the context combines with the physicality of the individual in the concept of mobility. Mobility is an embodied experience of movement through and in space.

2.2.4 Factors affecting mobility

Mobility is the means and the outcome of the interaction of the individual with his/ her environment. Although movement is in itself sometimes considered a basic human need, mobility is carried out within a spatial and temporal context which motivates the individual to purposefully move from one point in space to another. In studying mobility we therefore have to consider the individual within his/ her spatial environment and context. Waldorf (2003), for instance, distinguishes two categories of factors affecting mobility: firstly attributes in the individual, e.g. of what is perceived as 'safe' to use, or the individual's health; secondly socio-economic factors, such as the availability of a car in the household, and the distribution and quality of social relationships. In addition, structural factors such as the built and the physical environment, as well as the availability of services affect mobility in the elderly (Smith *et al* 2004), and the political context. Scheiner & Kasper (2003) argue that mobility patterns in an urban environment cannot be exclusively explained by structural context, but the authors instead emphasize lifestyle and its influence on patterns of mobility.

> *On the one hand, realised mobility is the expression of social behaviour and results from aims and individual values. On the other hand, realised mobility is embedded in a social and spatial context.* (2003; 323)

The emphasis of individual lifestyle on mobility is problematic in that lifestyle is conceptually linked with 'consumption' and 'choice'. Although this conceptualisation may be appropriate for those in their 'third age' with sufficient financial resources, it excludes a large number of older people whose choices are limited for a number of reasons related to income or individual ability. For much of an adult's life the degree of his/ her mobility is not considered a serious obstacle to living and independence. With the onset of physical ageing and frailty individuals become more aware of the contribution of their ability to 'get around' to their own quality of life.

Some older people who were asked to participate in the research declined their participation on the grounds that they were 'alright', they could get around, they 'managed' and therefore felt that the study would not be relevant for them. This links to another issue with the term 'mobility'. In linguistic terms of everyday usage 'mobility' is closely linked with its opposite, i.e. immobility or disability. As this study aimed to research mobility from a more general perspective, the use of the term had to be initially discontinued until the scope of the study had been explained in detail to participants. Because of its close link to 'disability' individuals distanced themselves from the research, possibly as an expression of resistance to stereotyping and the ageing process. Both Waldorf (2003) and Scheiner & Kaspar (2003) distinguish in their conceptualisation and analysis between the individual factors affecting mobility- what I shall term *intrinsic* factors, and the those associated with the environment- or *extrinsic* factors, such as social, structural, economic and political factors. The distinction between the categories is helpful initially when considering issues of mobility, but the researcher has to be aware throughout that individual and socio-economic or structural factors are always inter-related, as they influence each other over time. Spatial mobility cannot just be studied as a snapshot in time, as biographical and historical processes intersect and continually change the relationship. When studying mobility from a developmental, or life course perspective, the researcher takes into account not only the *status quo* of old age, but considers the individual's present circumstances in the context of past and future temporal and spatial continuity and change. While the individual remains mentally and psychologically whole, a continuity of self can be observed even through radical life changes (Riggs & Turner 1997). Of particular interest to this research are therefore patterns of continuity and change in mobility in the context of the ageing processes among older people. In extending Waldorf's (2003) distinction, in this research I considered intrinsic and extrinsic aspects of continuity and change in older people: Firstly those relating to the changes in the individual, which arise with old age, be they physical changes or mental, spiritual or emotional changes. Secondly, there are those changes, which arise out of the changing relationship of the ageing individual with society, for instance due to the visible physical ageing of the individual, changes in socio-economic status or ageist stereotyping.

2.2.5 Mobility of the self

Among the intrinsic factors affecting mobility is the embodied experience of ageing. Functionalist researchers, in particular, emphasize the physical aspects of mobility, such as physical ability, which are most closely related to issues of disability, frailty and health. But individual differences in mobility are not solely due to physical differences, but also to personality differences. I would argue that an individual who has been physically and socially active all of his or her life is more

likely to be active in old age, and prepared to overcome physical or health barriers in order to maintain those activities. The concept of physical mobility therefore has been extended for this research to include the *mobility of the self*- a holistic concept, which enables the researcher to take into account individual differences in personality and behaviour. This conceptualisation relates closely to research on identity which has concentrated on the consequences of mobility impairment for individual identity or *vice versa*. Rowles (1978) was one of the first researchers to note the relationship between restricted physical mobility and the older person's loss of identity which was 'accentuated by a crippling loss of [social] role' (1978;23). Others have noted the link between driving and identity (Harrison and Ragland 2007) where driving cessation and thus loss of mobility may lead to an identity crisis in the older individual. Physical mobility in postmodern times is more than ever an essential aspect of an individual's being and identity (Urry 2000; Jensen 2009).

Among the extrinsic factors affecting mobility, transport, such as cars or buses, is necessary to mobility when longer distances are involved. Researchers have found that driving cessation leads to a decrease in activity outside the home (Marottoli *et al* 2000) and an impairment of quality of life and depression (Fonda *et al* 2001). This study is able to differentiate the effects of driving cessation as they are dependent on the individual and his or her circumstances. The outcomes of driving cessation were also found to be dependent on whether the individual was able to make a choice in giving up driving or whether it was enforced through health impairments or economic considerations. The outcomes are related to the coping mechanisms and resources individuals are able to draw upon in coming to terms with their altered mobilities.

2.3 Barriers to Mobility

As mentioned above in the discussion on connectivities some recent research has been investigating mobilities in terms of neighbourhood characteristics and disadvantage. Although mobility researchers argue that mobility is part of our citizenship rights (Cass, Shove and Urry 2005; Cresswell 2006), they also recognize that mobility is carried out within the constraints of societal discourses around movement (Frello 2008; Jensen 2009) and immobility or disability (Sheller and Urry 2006). Those discourses not only shape what we consider as desirable or undesirable movement, but have also shaped our understanding of the role of mobility in shaping the "modern citizen" in terms of individual liberty and as a basis for living a meaningful and happy life (Cresswell 2006). Although we are all subject to these normative discourses (and these were evident among participants' narratives as well), there are differences in society in the way in which individuals are able to enact their mobility rights. In addition, economic and other resources for

travel are unequally distributed across sections of society (Larsen, Urry and Axhausen 2006) which affect individuals' ability to access resources and to participate effectively in society. Older people are considered one of these sections in society who are potentially disadvantaged in their ability to participate in "normal social practices", and to lead meaningful and independent lives due to mobility restrictions (Cass, Shove and Urry 2005; 543). At a time of life when individuals may potentially be in greater need to access support networks (Wenger and Keating 2008) and support services they are often faced with increasing barriers to mobility. Much of the literature around mobility and ageing is framed in terms of transport and unequal access to services and facilities. The following gives a brief outline of recent research findings and discussions.

Mollenkopf (2003) notes that geographically much research on transport mobility has been carried out in an urban context, the rural context having been neglected. In her own research in Germany she compared rural and urban environments and the transport problems encountered by older people. In the rural areas access to shops was identified as a particular difficulty, as most older people did not have access to personal transport. She identified barriers that go beyond technological and spatial barriers to mobility in urban and rural environments: societal barriers, such as attitudes of other road users towards older people, or fear of crime in the neighbourhood accounted for limitations to mobility in older people. Joseph & Cloutier (2003) note that in the United States since the 1970s personal mobility through cars has become a prerequisite to rural life and to accessing services and facilities. The authors argue that older people in rural areas are subject to a dual disadvantage or vulnerability, firstly because of disability, low incomes, lack of support and long distances to service centres; and secondly rural communities in which older people live may be disadvantaged because of a lack of services, transport, mental health care provision and other supportive services. Because of the distances and lack of local services transport provision becomes even more significant in rural areas. Joseph and Martin- Matthews (1993) critically assessed transport schemes designed to help older people in rural areas in Britain. Those interventions often failed because they were based on volunteer driver schemes and thus were difficult to sustain. Dobbs and Strain (2008) also found that rural areas in Canada often lacked 'age-friendly' transport. They identified five characteristics of 'age-friendly' community-based and sustainable rural transport: Availability, accessibility, acceptability, affordability and adaptability (ibid; 94).

A recent UK government report (Hill 2000) expresses concerns regarding accessibility and summarises barriers for older people relating to transport mobility such as lack of information,

others' attitudes and restricted provision of alternative transport for disabled. The researchers call for a more integrated or 'holistic' approach by transport planners to address all aspect of transport and to improve accessibility for older people. Transport is vital to enable older people's integration in their communities and their participation in society, thus avoiding social isolation and social exclusion (Phillips *et al* 2005). Bartlett discusses healthy ageing in the Australian context, where a recent government report has recognized the 'need for older people to maximise their mobility and independence, to actively participate in society, engage in continued and life-long learning and receive high-quality health care' (2005; 103). Research shows that there has been an increasing awareness among researchers and policy makers of the link between inequality, accessibility and inclusion (Farrington & Farrington 2004), and participation and social exclusion or inclusion (Barnes 2005). Researchers have also contributed to the debate with critical assessments of the spatial aspects of exclusion among older people in communities and neighbourhoods (Phillipson 2007; Byrne & Uprichard 2005).

In summary, geographical location, neighbourhood characteristics (such as connectivities) and transport have been identified as important aspects in determining older people's mobility and access to services, facilities and support networks. These barriers to inclusion and participation of older people in society have also been identified by participants in this research project. Mobility has more often than not been studied in the context of a *lack* of mobility with the aim of uncovering obstacles and barriers to mobility. Although this stance is laudable in that it addresses issues of inequality, and attempts to improve older people's lives, the current research has taken a positive view of older people's lives. As the approach is participatory, I have attempted an open-minded position, from which to explore the issues which older people themselves identify as significant, giving equal attention to barriers to mobility and coping mechanisms and strategies as developed by older people themselves. I have attempted to avoid the underlying assumption made by many researchers that older people themselves actually expect to continue patterns of mobility as in their younger days, as middle age is still taken as the 'norm' for all activities. Instead, an assumption was made that old age is a stage in human development, distinct (but not worse) not only in physical and social, but also in mental and spiritual aspects. Tornstam's (2003) approach to ageing supports this view. His research on *gerotranscendence* has shown that individuals' understanding of the world and their priorities change with ageing which often accommodate the physical or embodied experience of ageing. This study shows that mobility thus becomes a relative notion connected with the individual's own personal and life course development and his or her embodied experience of ageing.

2.4 Inequality and Social Exclusion

> *This Government remains firmly committed to the wellbeing of older people and are proud of the policies we have introduced since 1997. Our population is growing older and we must turn this into an opportunity, not a threat. This new SEU [Social Exclusion Unit] report marks the Government's next step in putting older people at the heart of active and sustainable communities. Our job is to recognise, support and unlock the potential of older people. And this means tackling the barriers that currently prevent older people having independence, dignity and choice. Bringing together cross-Government work, this presents an action plan to improve the lives of excluded older people.*
> (David Miliband, ODPM Minister for Communities; 2006)

Discussions of the condition of poverty were initially linked to concepts such as the 'underclass', which threatened the very fabric of society (Washington *et al* 2000). It was increasingly recognised in the 1980s and 90s that the very conditions of market economies actually contributed to the creation of poverty and social inequalities. In this system particularly those citizens who do not actively contribute to the economy are marginalised and deprived of full social participation. Material poverty is only one (although very important) aspect of this marginalisation. The concept of social exclusion was introduced as a more holistic analytical tool for the study of marginalized and deprived communities and individuals (Sen 2000). It considers social-structural processes of exclusion as well as their conditions and outcomes for individuals and communities (Lister & Beresford 2000). Social exclusion is also considered a useful tool in understanding the complex interplay of different dimensions of exclusion over time (Scharf *et al* 2002; Hobcraft 2002). A number of definitions are in use, some emphasising participation and individual choice (Richardson & Mumford 2002), others considering participation a matter of principle providing opportunities for all (Barry 2002; Burchardt *et al* 2002) which is by some authors linked to citizenship rights (Vincent *et al* 2001). Recently writers on participatory research have attempted to link social exclusion with active citizenship (Mohan & Hickey 2004). They argue that active participation in discussion and decision-making in civic processes extends people's status and socio-economic standing and potentially leads to a greater adherence to political or community decisions.

2.4.1 Geographies of exclusion

Byrne's definition of social exclusion makes reference to the spatial environment, as it relates to the processes of exclusion:

> *Social exclusion is defined as a multidimensional process, in which various forms of exclusion are combined: participation in decision-making making and political processes, access to employment and material*

> *resources, and integration into common cultural processes. When combined, they create acute forms of exclusion that find a spatial manifestation in particular neighbourhoods.* (Byrne, 1999; 2)

During their life course individuals are likely to experience periods of more or less exclusion or inclusion, which have to be seen as a continuum, rather than discrete variables. Exclusion may change in degree and over time, but is often linked to the spatial environment, as 'the nature of neighbourhoods actually contributes to the social exclusion of their residents' (Lupton & Power 2002; 118). Geographers have analysed the spatial aspects of exclusion, for instance in the creation of exclusionary spaces in the built environment (Sibley 1995). In relation to ageing, geographers have analysed exclusionary practices regarding access to certain public spaces for older people (Mowl et al 2000). Byrne (1999) calls for the development of a multi-dimensional approach to studying social exclusion which considers individual, as well as socio-structural factors contributing to exclusion within a cultural, historical and geographic framework. The conceptualisation of citizenship and participation as discussed above also has relevance for a geographical perspective of social exclusion. Desforges *et al* trace the origins of 'spaces of citizenship' through the 'exploration of the spatially differentiated nature of de facto citizenship as experienced by 'othered' groups who are subjected to social and spatial marginalization' (2005; 439). They also call attention to the shift in the way citizenship is now being acted out on another scale, moving from the state to the community as a place for the enactment of rights and responsibilities. As a result citizenship is now linked to being active in the community, which can be either a spatially defined community or a community of interest. The question remains whether this new conceptualisation of citizenship as community activism will not create new exclusions along the lines of those who are vocal and those who are not vocal and engaged. How can structures and relational processes on a community level ensure that no-one is disadvantaged and marginalized?

For many older people spaces become imbued with meaning through their life-long association with them. Nonetheless their actual use of the space may change as they get older because it suddenly seems less 'appropriate' for them to use these spaces because of their age. Public spaces become 'age-graded' and their use is related to how people see themselves in terms of identity (Mowl *et al* 2000). Because of this association of place with history, personal identity and meaning, it becomes questionable whether public spaces can ever be fully inclusive in the same way as communities ever will be fully inclusive because of group identities which are automatically exclusive (Staeheli & Thompson 1997). Mobility, as movement across space, can create exclusionary or inclusionary spaces and places, but at the same time it is the outcome of those

spaces. It is in the everyday movements across public space that struggles for inclusion by diverse groups are carried out, not in the political arena (Staeheli & Thompson 1997). Barry (2002) points out that political interventions, which aim to tackle exclusion, but fail to address inequalities cannot be considered sustainable or successful. The author argues that public transport provision may be a 'social leveller', as it improves opportunities for those who are excluded. A government report found that public transport may indeed make a positive contribution for those who are excluded, as long as it is accessible and affordable (Hill 2000; SEU 2003).

2.4.2 Social exclusion in later life

Early discourses and studies of social exclusion and related government policies considered increasing work opportunities and economic activity as the remedy for exclusion (Craig 2004). But because of presumed retirement people over age 65 were excluded from employment-related measures of social exclusion (Bradshaw & Mayhew 2002). Policies addressed Early Years' disadvantage (e.g. Sure Start) with the rationale that this would break the generational cycle of exclusion (ODPM 2004). It was only with the work of Scharf *et al* (2000, 2002, 2004) that older people's exclusion in deprived urban neighbourhoods was brought to the attention of policy makers. Their multi-dimensional conceptualisation of exclusion covers material poverty, participation in informal and formal relationships, perceptions of the neighbourhood and crime. The authors argue that joined-up policies are necessary in order to address the often life-long, complex and multiple disadvantages which older people in deprived neighbourhoods face. In assessing the impact of policies on older people's social exclusion ODPM (2004) concludes that government policies have had some success in addressing absolute and relative poverty. Nonetheless older people living on a state pension are likely to be excluded from some social activities because of their inability to afford the expense, and from other social relationships because they feel that they cannot afford to reciprocate (Scharf *et al* 2005). In addition, certain groups of older people continue to be marginalised because of their complex needs. These groups include ethnic minorities, people with mental health issues, people living in rural areas and those living with disabilities.

Despite evidence of the growing economic prosperity of larger sections of the population of older people, there continue to be disparities in income, material and cultural resources between sections of the population which are the cause of social exclusion. [1]Although these inequalities have measurable effects on mortality and morbidity among the elderly (Huisman *et al* 2003), they are

[1] Palmer *et al* (2004) found that the proportion of elderly living in poverty had fallen from 27% to 21% between 1995 and 2003.

regarded by some authors as an extension of inequalities in society, which persist throughout individual's working lives, and are therefore not a distinguishing feature of retirement and old age (Gilleard & Higgs 2000; Powell *et al* 2001). As a result, proponents of a 'moral critique' regard issues of inequality in old age of secondary importance to study, as it is part of an overall differentiation of modern society. Gilleard & Higgs write:

> *We do not believe it is possible to make sense of this process by setting it against some totalising moral or ontological position regarding either the true nature or the destiny of ageing.* (2000; 205)

Instead the authors call for research into the contradictory nature of social structures and practices concerning older people, and how these lead to a fragmentation of individual's lives. Estes *et al* agree that in order to change the underlying causes of inequalities, such as social policy, there is a need for research to focus on the 'political, economic, and cultural conflict and struggles that delineate the winners and losers of social policy' (2003; 152). Barry (2002) argues that exclusion is actually part of the make-up of market economies as much of their marketing and productivity is connected with concepts of 'exclusiveness'. Inequality is therefore integral to social exclusion, based on economic and other advantages. Barry contends that for policies to be successful in tackling exclusion they have to address issues of inequality. To overcome inequality and exclusion of older people in Britain Estes *et al* (2003) seek to establish a vision of possibilities and alternative structures and practices for older people by the research community, whereas Gilleard & Higgs (2000) call for the active involvement of older people themselves in shaping new agendas and cultures of ageing.

Mobility is closely linked with older people's ability to participate in their communities and society at large (Craig 2004) and thus make claims or carry out responsibilities relating to their status as citizens. Being 'active' has become the process through which older people can politically assert their right to British citizenship (Milliband 2006). This approach still leaves those who are unwilling or unable to be socially active marginalized and excluded.

2.5 Summary

Mobility has received much attention among researchers in recent years. This literature review discusses the different analytical scales in which mobilities have been studied- from the discursive and social to the functional and individual. The 'mobilities turn' in the social sciences has sparked a fundamental debate around mobility, travel, citizenship and participation, but has so far neglected

the particular experiences of older people. This study seeks to make a contribution in the debates around mobility and ageing, based upon older people's own experiences and understandings of the issues in order to develop 'mobilities of ageing'. The research approach takes into account life course and spatial aspects of older people's mobility in order to gain an understanding of the interplay of life course, individual and social-structural factors in shaping the experience of mobility and ageing in 21st Century Britain. This study has also enabled me to broaden the conceptualisations of mobility and connectivity, and critically evaluate the role of social science in shaping our understanding of ageing. The questions which guided the methodological approach and the data collection and analysis are detailed below followed by a discussion of research methodologies and analysis in Chapter 3.

2.6 Research questions

I. What are the key issues around spatial mobility in the everyday lives of older people in different circumstances?

II. What are the key determinants of spatial mobility in old age on an individual level and on a structural level?

1. How do these different levels interrelate?
2. How have these changed over time?
3. How do current day patterns of spatial mobility relate to patterns developed over the individual's life course?

III. What are the relationships between mobility and social exclusion?

1. Is there a gap between actual and aspired patterns of mobility, and what are the reasons for this?
2. How do older people perceive their access to different spaces?
3. How have their perceptions changed over the life course?
4. How do older individuals perceive the constraints and opportunities surrounding mobility and social interaction?

IV. What resources do older people utilise to deal with the problems identified in relation to spatial mobility?

V. How do the observed patterns of spatial mobility in old age relate to experiences and understandings of ageing?

Chapter 3
Methodology, Methods and Analysis

3.1 Introduction

3.1.1 Research background and context

This PhD research project was funded through an ESRC CASE studentship, which is characterised by a collaboration between the research council and an outside funding partner. The research methodology had been designed through negotiation between Age Concern England (ACE), Age Concern Durham County (ACDC), and two members of staff at the Department of Geography who also acted as PhD supervisors. Certain aspects of the research design were therefore negotiated between the academic team and the funding organisation prior to my own involvement, for instance the overall topic (mobility and social exclusion), the participatory approach, the target group (older people) and the research location (County Durham). In spite of these pre-determined aspects of the research project I had some liberty in planning and detailing how the research would be carried out, i.e. the methods, and in choosing specific locations within the County. These preconditions and potential constraints on the researcher's freedom need to be taken into consideration whilst reading this Methodology Chapter. For instance, ACDC were closely involved in negotiating the initial research process through meetings and through providing contacts in various parts of the County for participant recruitment, all of which is part of the nature of this CASE funded collaborative research project.

3.1.2 Methodology

The methodology (i.e. the research approach) and methods chosen for data collection reflect the participatory approach in this research project. Participatory research grew out of action oriented research which gives ordinary people in often marginalized sections of the community the opportunity to critically explore issues which affect their lives in such a way as to validate their own knowledges and subsequently find solutions for positive and sustainable change (Chambers 2008). Where the emphasis has been on affecting changes in local, societal and/ or policy practices participatory *action* research is often used as an approach. In the developed world the methodology has been adopted and developed by academics from many disciplines (Reason and Bradbury 2008). It has become more widespread in use by human geographers working with marginalized communities, and sections of the population which are considered marginal, such as groups of women, children, sexual minorities, ethnic minorities, prisoners, the disabled and others (Opondo *et al* 2007; McFarlane and Hansen 2007; Higgins, Nairn & Sligo 2007; Krieg and Roberts 2007;

Hume-Cook et al 2007). Some organisations have in recent years begun to include older people in participatory and collaborative projects which aim to influence policy makers (Reed *et al* 2006). In this context older people have been involved in the production of knowledge. Participatory research emphasizes the research process and its potential to change communities and participants' lives. It recognizes the importance of local knowledge in this process and utilises methods to raise participants' consciousness of their marginalized position in society and to develop their potential for change. There is also some evidence of the positive benefits for individual participants. This chapter outlines the fundamental principles of the participatory research approach and its theoretical context, gives an overview of the research process, the participants, methods of data collection and discusses relevant ethical issues. The chapter concludes with detailing the theoretical approach and practical application of data analysis processes.

3.2 Research Approach

3.2.1 Research philosophy

In terms of research philosophy this project was strongly influenced by post-structuralist hermeneutic thinkers such as Michel Foucault (1972) and H.-G. Gadamer (1971). Foucault's work has historically and spatially situated knowledge production around the normalisation/ deviation of the 'unproductive' as social and political problems (Katz 2001). Following Foucault's way of thinking older people have become subjects of discursive practices which divide them within themselves and from others (Dreyfuss and Rabinow 1982) and as a result are spatially segregated and marginalised within society (Sharp *et al* 2000). The discourses around 'active ageing' and independence could be considered a political tool in a 'practice of the self' which reconfigures personal choice and responsibility as a political resource. The actively and independently ageing individual ideally continues to be present in the socially and economically productive spaces in society. Those who are unable or unwilling to participate are considered deviant and spatially and conceptually segregated. The discourses around older people as a burden to society arise from this. Foucault's poststructuralist approach has been criticised for denying agency to the individual as everyone is involved in the production of knowledge and power to maintain the dominant discourses and power relations. There are indeed many practices and discourses which have lead to the disconnection of older people in society as the data analysis shows (see Chapter 6). But there is also evidence from this research that individuals subvert dominant structures and resist the main discourses on ageing through their own active and critical engagement with them. Kindon, Pain and Kesby argue that PAR ontology suggests "that human being are dynamic agents capable of reflexivity and self-change" (2007; 13). They also argue that PAR epistemology creates knowledge

as a basis for social action in order to improve participants' lives. Although in this research project no promises could be made to directly improve individual participants' mobility, changes were to be made to benefit older people more generally (such as improvements in pavements). The historically and spatially situated contexts are the best basis from which to critique norms and dominant structures, and to take political action. In the case of this research project the stated aims of the funders ACDC and ACE were to influence policy regarding mobility issues on a local and on a national level. The research results were written up as a report (Ziegler 2007) and publicly presented to stakeholders at a launch event at County Hall. The report was also distributed via email and post to relevant interested agencies and organisations as well as participants. In addition ACDC used the report to campaign on behalf of older people for better service provision in the area and thus affecting positive change for participants.

3.2.2 Participatory Research, mobility and older people

As mentioned in the literature review, until recently mobility had been largely conceptualized either in terms of physiology of the individual, or in terms of transport and quality of life (Metz 2000) and transport and social exclusion (DfT 2001). The former investigate predominantly limitations to physical mobility among older or disabled people which employ measures of physical functioning to assess mobility (Simonsick 2005) or walking ability. Schaie (2003) and Mollenkopf (2004) investigated outdoor mobility and independent ageing using more qualitative methods such as diaries and interviews. A participatory research approach was therefore unique in this context, although it had been used with older people in other research projects (Peace 2002; HelpAge International 2002; Cook *et al* 2004; Clough *et al* 2006). Those researchers who have involved older people in consultations, collaborative and policy relevant research argue that the voices of older people are becoming more important to politicians as firstly the proportion of older people in the population is expected to rise; and secondly that the new generation of baby-boomers are expected to be more vocal in expressing their needs and rights (Walker 2007). There is therefore an increased willingness among politicians to listen to the concerns of older people. In addition, many older people in both rural and urban areas can be considered marginalised, excluded or disadvantaged in 21st Century developed societies (Cann & Dean 2009; Dannefer 2003; Estes, Biggs & Phillipson 2003; Scharf & Bartlam 2006;).

Participatory Action research (PAR) approaches provide an appropriate mechanism for effecting positive change for the inclusion of older people in policy and service provision development which aims to address their needs. Participatory approaches were originally developed in order to

give a voice to marginalized and disempowered sections of society. One of the originators, Paulo Freire (1972), emphasized the importance of indigenous or local knowledge in the creation of social justice. Data collection and interpretations *with* and *by* local community members are seen as an integral part in the process of social change. Kindon, Pain and Kesby (2007) have given an excellent overview and history of the many approaches and terms employed by participatory researchers, for instance Participatory Learning and Action (PLA) developed by Chambers (1997) in the context of developing countries; community-based participatory research as often employed in the US context. One of the stated aims of participatory research has always been the *empowerment* of communities and individuals. In 2001 Cooke and Kothari published a critique of participatory research which reflected on the unquestioning assumptions of the nature of power which had been employed by many PAR researchers in the development context. The critique employed post-structuralist notions of power as pervasive and productive of dominant discourses, and implicated PAR in the production of existing power relations in communities by uncritically identifying marginal groups at the edge of society or influential individuals in communities, and thus reproducing their position. An engagement with post-structural notions of power lead to a shift among PAR researchers to consider for instance the role of politics (Williams 2004), notions of citizenship (Henry 2004) and governance (Gaventa 2004) in maintaining existing power relations (Hickey and Mohan 2004). Kesby, Kindon and Pain (2007) have developed this critical thinking regarding power and domination drawing on the six 'modalities' of power (Allen 2003) and have argued that the inclusion of *spatialities* of empowerment can reinvigorate its theoretical basis. They draw on Foucault's ideas of the spatial effects of power in order to develop the idea of the governance of empowering spaces which can contribute to the normalisation of empowered performances. Throughout this project I consistently experienced the significance of empowering and inclusive places or spaces in contributing to the positive identity of older people. This inclusiveness was important not only in the existence of the physical space such as a village hall or community centre but these spaces also enable inclusive behaviours among those who use it. Conversely welcoming and inclusive behaviours create open spaces for the engagement of every member of the community. How difficult this can be to achieve can be seen in some of the comments made by one participant (Donald) in Copley in relation to their trying to include some of the more isolated elders in community activities. The discussion in Chapter 6 shows that that issues around inclusion and exclusion are not only bound up with local level provision of facilities, but also with the discourses around ageing, and the individual's perception, experience and performance of those discourses which may lead them to exclude themselves from participation.

An age-inclusive society would need to first confront its spatial and behavioural ageisms in order to succeed (Bytheway et al 2007).

3.2.3 Levels of participation

PAR researchers have developed a categorisation of participants' involvement in research processes in terms of motivation, action, learning and knowledge production. Arnstein's ladder of participation (1969) is one of the first examples, later developed by Pretty (1995) into a more flexible continuum of participation (see Table 1). It is generally assumed that the higher levels of participation will lead to more and longer-term benefits for the individual or community involved although variation between individual's involvement and across time may vary (Kindon et al 2007).

Typology	Components of Each Type
Self- mobilization	People participate by taking initiatives independent of external institutions to change systems. Such self initiated mobilization and collective action may or may not challenge existing inequitable distributions of wealth and power.
Interactive participation	People participate in joint analysis, which leads to action plans and the formation of new local groups or the strengthening of existing ones. It tends to involve interdisciplinary methodologies that seek multiple perspectives and make use of systematic and structured learning processes. These groups take control over local decisions, and so people have a stake in maintaining structures or practices.
Functional participation	People participate by forming groups to meet predetermined objectives related to the project, which can involve the development or promotion of externally initiated social organization. Such involvement does not tend to be at early stages of project cycles or planning, but rather after major decisions have been made. These institutions tend to be dependent on external initiators and facilitators, but may become self-dependent.
Participation for material incentives	People participate by providing resources, for example labour, in return for food, cash or other material incentives. Much *in-situ* research and bio-prospecting fall in this category, as rural people provide the resources but are not involved in the experimentation or the process of learning. It is very common to see this called participation, yet people have no stake in prolonging activities when the incentives end.
Participation by consultation	People participate by being consulted, and external agents listen to views. These external agents define both problems and solutions, and may modify these in the light of people's responses. Such a consultative process does not concede any share in decision-making and professionals are under no obligation to take on board people's views.
Participation in information- giving	People participate by answering questions posed by extractive researchers and project managers using questionnaire surveys or similar approaches. People do not have the opportunity to influence proceedings, as the findings of the research or project design are neither shared nor checked for accuracy
Passive participation	People participate by being told what is going to happen or what has already happened. It is unilateral announcement by an administration or by project management; people's responses are not taken into account. The information being shared belongs only to external professionals.

Figure1: Ladder of Participation (Pretty *et al* 1995)

Kesby *et al* (2005) are realistic about the pragmatic possibilities of doing participation. 'Deep participation', i.e. participants' active involvement and initiative at all stages of the project, may not always be feasible as this involves a considerable commitment of the participants' and researcher's time and resources. The authors argue that even small amounts of participation will be beneficial to some or all of the participants and the research in creating knowledge which is geared towards challenging and changing social inequalities. This section gives an overview of the participatory aspects of the research methodology, their application and outcomes in the context of the whole research project.

In this research project participants were recruited to identify issues surrounding mobility. In that sense their participation was on a functional level (see Table 1) because the theme and objectives of the project had been identified prior to participants' involvement. Nonetheless within that framework participants were free to identify any issues important to them, as well as their possible solutions. These solutions were then included in the recommendations made in the Age Concern report. Both generic and locality specific issues and problems which people identified as factors in their daily mobilities were addressed in the report. What is the nature of the knowledge that participants brought to the project? Participants drew from their own local knowledge and personal experiences to contribute to the research. This knowledge was analysed as positioned according to the individual and their circumstances, but nonetheless valid, in particular when other participants corroborated certain issues. Breitbart (2003) considers that Participatory Action Research (PAR) aims to uncover perceptions, ideas and values, as well as knowledge, by drawing on lived experience. The result is a situated knowledge in time and space, not an objective truth. But in addition participants also reflected on wider societal issues, for instance the effects of fear of crime, inter-generational relationships, changes in society over time, and the role of service providers and the 'system' in maintaining control over individuals and the population. In some cases participants' comments reveal their ability to connect their own experience with larger societal discourses, and to situate those in time and space by making comparisons between past and present generations of older people. The comparisons reveal that participants considered themselves fortunate in having been young in another time (because they perceive that there are few opportunities now for young people). But in spite of all problems and issues faced by older people in present society, there are far more opportunities available for older people now than there were in the past (partly considered a result of the changing image of older people as *active* and *involved*). The ability to create this kind of knowledge which is based on lived experience and reflections across a lifetime is unique in older people because of their extended life course. The inclusion of a discursive analysis (See section 3.8

on data analysis) has uncovered some of the constraints which discourses around ageing place on older people's ability to live a positive old age (see Chapter 7), but the aim of this project has been to reflect participants' experiences and to represent older people's voices as they live in early 21th century Britain. Participatory approaches aim to enable individuals to contribute to the production of knowledge, thus influencing decisions, which affect them. 'Grass roots' knowledge produced, and interventions based on it, are considered by participatory researchers to be more relevant and therefore more effective and sustainable in the long term (Kothari, 1998). It has to be pointed out though that even local knowledge is rarely a unified commodity. In the same way that communities are not necessarily cohesive, their knowledges, values and ideas can lack a unified basis. In this project it was possible to accept and include diverse and even contradictory opinions, as individual differences could be taken into account with regards to mobility. The methods used, i.e. individual mobility diagrams, allowed for this diversity of expression. In some group discussions certain individuals emerged as dominant and others as quiet. Cooke & Kothari (1998) comment that group dynamics are important aspects to take into account when using participatory approaches.

3.2.4 Action Research

At the end of the data collection period research participants were given the opportunity to comment on a draft report in order to verify the information given and add any missing issues and recommendations which they felt were of importance. This aspect of involvement relates in particular to the 'Action' element of the research. The most frequent comment made was that the report was felt to give a comprehensive picture of older people's mobilities. Others commented on the draft showing a 'negative' and depressing view of older people's lives. This was taken into account for the final report, and a more uplifting and positive tone was used where possible in reporting issues. Curiously enough, Age Concern's comments on reading the draft report included a critique of the positivity of the general tone. Apparently the report sounded to Age Concern as though older people's lives contained no hardships or difficulties. Conflicting agendas of participants, funders and researchers became apparent in this. Where participants wanted a positive report which re-confirmed their lives as meaningful and independent, Age Concern's agenda necessitated the inclusion of older people's problems such as lack of facilities or service provisions. The report was to be used as evidence for negotiations and funding applications which would maintain Age Concern's raison d'être as champion of older people locally and nationally. My own concern as a participatory researcher was to accurately represent participants' views. A compromise was found in that a separate section was included on the particular issues faced by some disabled or impaired older people.

In addition, all participants were invited to attend the launch event which Age Concern organised after the publication of the report. Two participants were invited to give presentations concerning their own mobility situation which were illustrative of some of the issues raised in the report. The event was attended by representatives from local councils, service providers, agencies and organisations and approximately 30 participants.

In participatory research a question regarding ownership of the produced research also often arises. In this project with older people the research was not owned by the participants. These constraints were due to the institutional and financial context of the research, as the funding partner Age Concern also has some contractual claims to the findings and the report. But participants were given a printed copy of the report to use for their own purposes.

3.2.5 Principles of participatory research

Breitbart (2003) details some of the principles of participatory research. The author argues that it is important to carry out a continuous dialogue between participants and researchers throughout the research process. Throughout the study I upheld a continuous dialogue via correspondence or telephone calls with the participants through regular updates and information regarding the research process. This was important for several reasons: Firstly I consider access to information one of the most fundamental aspects of participation. It is on the basis of information that individuals can be given choices and be empowered to make decisions. This applies to issues regarding for instance transport as well as the research process itself. Secondly, a continuous dialogue becomes part of the developing relationship between researcher and participants which creates a space for openness. This openness is a prerequisite for the researcher to gain a deeper and fuller understanding of the participants' world and issues (Breitbart 2003). The third reason for the continuous dialogue is a pragmatic one: The focus group meetings in the various locations had to be spaced 3-4 months apart due to logistical reasons. Particularly older individuals were prone to have forgotten their own involvement in the first focus group after this length of time. This meant that the momentum of the issues raised and individuals' interest in participating in further focus groups may have been lost. A continuous communication counteracted this tendency sufficiently successfully that the majority of participants continued to show an interest in the research, and to attend the second focus groups and feedback sessions. Breitbart's principles (2003) also point out that academic and local knowledge often exist in a state of 'dialectical tension', and the dialogue can therefore create a deeper and fuller understanding of the issues. The dialogue has to be two-sided with the researcher willing to

be open about her own life and personal background. As the relationships developed, so did participants' interest in my own life and situation. The researcher not only needs to be open to others, but also to be open for others in sharing her life to the same extent as participants are sharing their lives and personal information. The researcher has to display a large degree of 'openness' to all forms of knowledge, and at the same time maintain an awareness of her own position in the research process, and be reflexive regarding her own underlying assumptions. I believe that I succeeded in maintaining a non-judgemental and open-minded attitude during my interactions with participants which provided the space for participants' expression of their own views as they saw fit. One interview participant commented as I was leaving "You must be a good researcher. You are a good listener". I believe that *active listening* skills (often used by counsellors) are also vital in any qualitative researcher. In the context of focus group discussions Breitbart (2003) consider the researcher as facilitator. The researcher needs to develop an awareness of group dynamics, for instance special effort has to be made to include individuals who would not normally participate in group activities, or those who feel less confident about expressing themselves in a group situation. Issues and possible solution need to be developed in collaboration with participants as part of the participatory research process. In this research all participants and their experiences were considered valid and valued (Breitbart 2003).

3.3 Fieldwork location

The research project was a collaboration between Age Concern Durham County (ACDC) and Durham University. ACDC were interested in the research for its potential to provide knowledge and evidence regarding the needs of older people in the county. This evidence was then to be used in negotiations for funding with statutory agencies. The locations for this project were therefore predetermined to be in parts of County Durham (see Figure 2). In addition, ACDC already had established links in some communities which were to be utilised for the recruitment of participants. Those conditions predetermined my choice of study areas. In order to make a decision on which area would be most appropriate for the research I visited the Age Concern district offices in Newton Aycliffe (for Sedgefield), Consett (for Derwentside), Bishop Auckland (for the Dales). The representatives there gave me an overview of the area they were working in, and their own perceptions of older people's issues in those areas. Among these districts I then chose the latter two areas because the Dales location would provide a particular insight into rural issues, and Derwentside has large areas of deprivation typical of many ex-mining communities. In contrast to many remote areas in Weardale and Teesdale, Derwentside also has a good network of public transport connecting many villages to nearby towns. Within the three districts I chose 5 locations

each. In addition to the criteria mentioned above, these were selected on the basis of where I was able to make contacts and access potential participants. Two of the villages in Derwentside were self-selected, i.e. individuals from those villages approached me to take part in the project because they felt their needs regarding mobility were dire (They had heard about the project through Age Concern). Their need related mostly to the provision of public transport in those areas. Theses individuals then recruited participants for the focus groups. The remainder of the villages were selected by me through the recruitment process. One village was included as the result of a recommendation by participants in a neighbouring village.

For Weardale the locations were: Stanhope, Wolsingham, Rookhope, St. John's Chapel, Witton-le-Wear. For Teesdale the locations were: Gainford, Barnard Castle, Woodland, Copley, Middleton-in-Teesdale. And for Derwentside the locations were: Consett, Delves Lane, Lanchester, Moorside and Tantobie. Of those locations Barnard Castle and Consett are towns, the rest are villages with varying facilities and varying distances to the nearest town (from 2 miles to 28 miles).

Figure 2: County Durham in the Northeast of England (http://www.visitcountydurham.com/site/attractions-map)

3.4 Participants and stakeholders

"Older people" in County Durham are a heterogeneous group, which incorporates a wide spectrum of socio-economic backgrounds, ages and abilities. In planning this research special provision and allowances were made in order to be as inclusive as possible, taking into account mobility restrictions, time constraints, and economic circumstances. Figure 3 (page 51) gives an overview of the research process from the pilot study to the main study including participant and stakeholder involvement. In order to facilitate participation the focus groups were held very locally in accessible buildings, such as village or town halls, community centres or church halls. I initially took participants' advice on the most convenient, comfortable (i.e. warm) and accessible local venue. In some cases, the focus groups were organised to take place on those days when individuals visited the halls for other activities such as lunch clubs. Participants were offered reimbursement for travelling costs, although because of the local venue of the focus groups, no one took up this offer. Some individuals used established networks to get a lift to the venue. At other times, where the distance was beyond comfortable walking distance, I gave a lift to individuals to or from the venue. These points are noteworthy because they give a flavour of the sorts of issues older people face when wanting to go anywhere. Although an effort was made to consider these issues in the planning of the focus groups, there may have been others which it was not possible to include. As a result, and ironically, the obstacles to mobility which some older people generally face may have prevented them from taking part in these focus groups as well.

The research project was designed to have a positive impact on the quality of older people's lives locally and nationally. In order to facilitate the translation of research into practice ACDC, ACE and myself invited the participation of a group of local stakeholders in the research project. This group consisted of representatives from local councils (District and County Councils), Primary Care Trusts (PCTs), Social Services and community organisations. The group met three times over the duration of the research project to discuss the project's relevance for the organisations, its progress, and to allow the stakeholders some input into the research project through discussion of their own perception of mobility and accessibility issues for older people in the area. Unfortunately during this period the PCTs underwent restructuring. The resulting uncertainties and changes had an impact on the involvement of managers in the research project. ACDC attempted to keep up with organisational changes and to stay in contact with the relevant individuals. The stakeholders were also invited to give feedback on the draft report, and to attend the dissemination event in County Hall.

/ DATE TASK /	2005 06---07---08---09---10---11---12	2006 01---02---03---04---05---06---07---08---09---10---11--12	2007 01---02---03---04---05
Pilot Study			
Focus Groups x 4	---		
Transcription	---		
Data Analysis	----------		
Report	-----		
Main Study			
Recruitment	----------		
Focus Group I x15		----------	
Participant photography		----------	
Transcription		---------- (FG I) ---------- (FG II) ------- (interviews)	
Data Analysis		---------- (FG I) ------ (FG II) ---------- (interviews)	
Focus Group II x15		----------	
Interviews		--------	
FG III x2 (participatory video)		---	
Report		draft	final launch event
Participant Feedback			---
Stakeholder involvement	---	--- --- ---------	---

Figure 3: Research process chart

3.5 The pilot project: Introduction

The pilot study for this research project was carried out with four focus groups in July and August 2005. Of the four group sessions two were carried out with the same participants in Derwentside, the other two were carried out in Weardale and Teesdale respectively. Access to the focus groups was organised by Age Concern County Durham, one being established as an Age Concern forum, one being a group of hard-of-hearing older people and one being a lunch club for older people. The sample was therefore not necessarily representative of the population of older people in these areas. The groups which were involved with the trial of participatory methods totalled 10 women and 3 men. Because of the organisation of the group session through ACDC I was given the opportunity only on one occasion to introduce myself to the participants prior to the group convening as part of the pilot study. In the other two instances, no prior access was given, which had an impact on the success of the group session, both in terms of attendance and willingness of members to participate. This lack of trust meant that in the third pilot focus group individuals were unwilling to sign consent forms or to pick up pens for the diagramming. As a result I spent the time informally chatting to people during their lunch. These initial difficulties were valuable in my gaining an understanding of qualitative research as being based on trusting relationships between researcher and participants. The importance of trust on the research process in terms of enabling participation and learning can not be underestimated. I realized that time and opportunities to develop trust has to be factored into research plans and processes.

This section describes the methods used in the pilot study and assesses their efficacy in terms of the aims and objectives of the pilot study.

3.5.1 The Aim

To trial and assess the research methods

3.5.2 The Objectives

1. Trial participatory diagramming as a basis for discussion on mobility issues and modes of transport
2. Trial sketch mapping as a method for gaining spatial as well as qualitative information from groups and individuals on:
    a) Perceptions of their environment
    b) ageing processes and mobility

c) access to facilities and services
d) other issues relating to mobility

3. Trial Mobility Diaries as a method for eliciting
    a) mobility patterns and modes
    b) positive/ negative experiences during travel
4. Trial photography as a method for illustrating participants' perceptions of their neighbourhood
5. Discuss the meaning of 'mobility' for individual older people.

3.5.3 Methods

This section details and assesses the methods used for data collection during the pilot study, from diagramming to group discussions and photography.

3.5.3.1 Participatory diagramming:

Diagramming was used in different formats in order to trial the methods and resulting data for suitability.

a) Individual spider diagrams: 'Where do you go when you leave your house?' Participants were asked to consider their travel destinations over the previous two weeks
b) A group spider diagram (as above)
c) Participants were asked to attach post-it stickers to each travel destination in two colours: one for the mode of transport for getting there, and one for any issues relating to that particular trip, e.g. difficulties with parking (Figure 4)

Figure 4: An individual mobility spider diagram

The resulting diagrams were then presented to the whole group. Participants were asked to explain and discuss their diagrams.

In evaluating this method I concluded that it was appropriate for gathering information of participants' mobility patterns for the previous week, but that it would be difficult to ask participants to recall activities further in the past, because of recall errors. For this particular group few difficulties were raised, as they were a group of younger and more mobile individuals. Participants' feedback of the method revealed that they were comfortable using this method, although some expressed doubts regarding its effectiveness in gathering information.

3.5.3.2 Sketch Mapping

Individual maps:

Participants were asked to: 'Draw a map of your neighbourhood with the places that are important to you'. They then attached post-it stickers in two colours: 'Things that you like or dislike about your neighbourhood' (Figure 5).

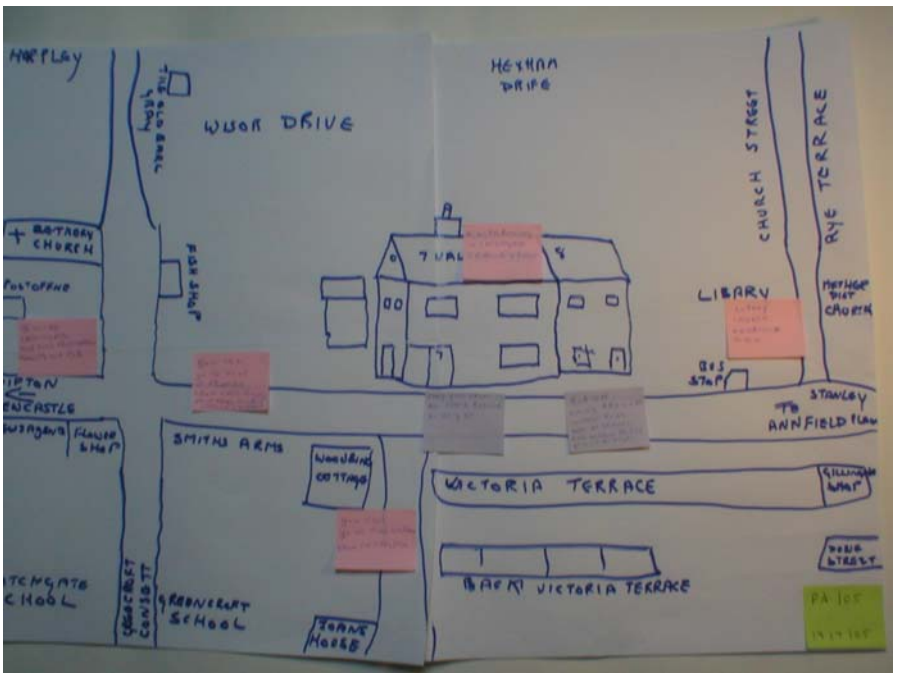

Figure 5: An individual sketch map of the neighbourhood

Participants presented their maps to the whole group and discussed the drawing and its meaning. This method was a very visual representation of participants' spatial perceptions. It worked well in this particular context, but it was very individualised and therefore not to scale. I concluded that the method might be adapted to elicit other forms of information, e.g. travel horizons and social networks. A base map may be used to give a sense of scale. Regarding engagement, participants initially needed some encouragement to draw these maps, but then enjoyed drawing and discussing the drawings. Participants were aware that the maps did not represent the physical environment to scale.

Group maps:

Participants were asked to: 'Draw your neighbourhood and the places you go to when you leave your house'. Post-it stickers were used for the mode of transport and for frequency of visits. Figure 6 shows such map where the different colours represent individual participants.

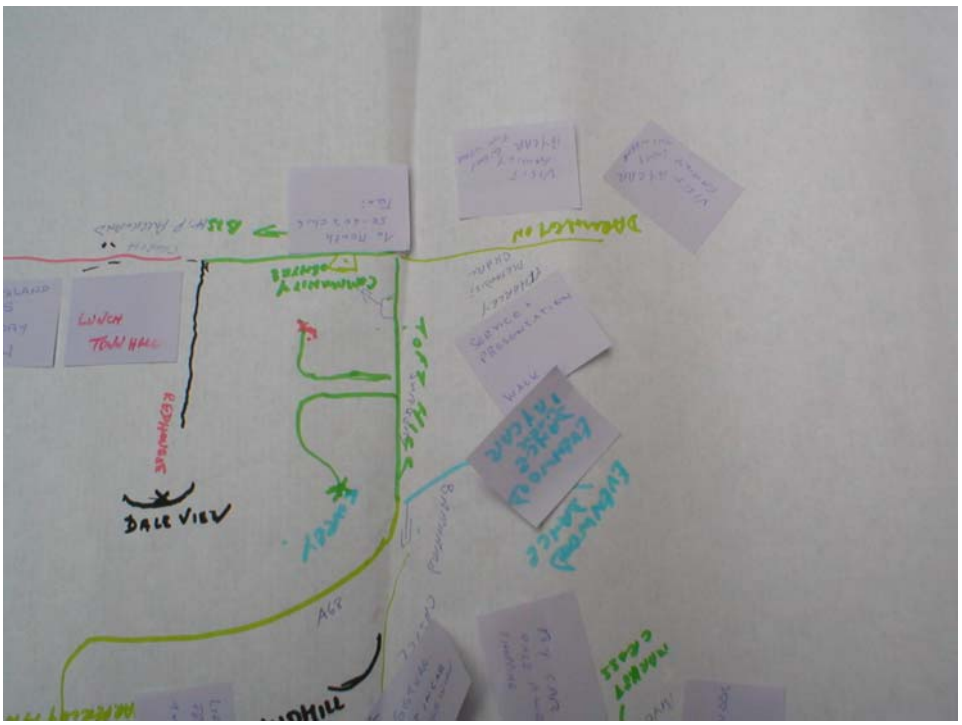

Figure 6: Group Sketch map

Participants subsequently presented the map to the whole group and discussed their part of the drawing. Efficacy and acceptability: The group maps were drawn with different coloured pens by individuals on the same piece of paper. There was no base map, which meant much discussion among the group regarding spatial orientation within the village and of neighbouring villages. The resulting drawing looked somewhat chaotic, with different scales within the drawing as participants had different travel horizons. The discussion of the maps was therefore less successful, as participants could not remember which bit had been part of their drawing. Upon reflection I concluded that a group map would have to be based on a basic scaled map of the area in question.

3.5.3.3 Diaries of Mobility

Seven participants were asked to keep a diary of their trips and their experiences during those trips for one week. The design of the diary was based upon Mollenkopf *et al* (2003). The method gave a fairly accurate account of participants' travel patterns for one week. This could be triangulated with the diagrams for accuracy. For some the chosen period was fairly typical, for others it was busier than usual. Again few difficulties were encountered during travelling, nonetheless some interesting conclusions could be drawn from the discussion of entries which was carried out in the group. Participants were happy to fill in quantitative information (where, when & how), but did not know what to write when asked about positive or negative experiences (i.e. perceptions) during their trips. Participants filled in the diary for most days diligently. For some it was a reflective experience, for

others more of a chore, which they would not want to repeat. For this reason I chose not to use this method in the main study.

3.5.3.4 Photography:

A small group of participants were given a digital camera and asked to take photographs in the village of places and objects, which were important to them. Participants returned with a good number of pictures, explaining their reasons for taking particular shots. Participants tended initially to focus on negative images (figure 7) (probably also because they were not residents of that particular village), but then became themselves aware of their bias and took some positive pictures as well (figure 8). Of the three women who were in the group one took all of the pictures, although the others had some input into which places to photograph. An awareness of group dynamics, in particular dominant individuals is necessary. Not all participants were confident about taking the photographs. They nonetheless had an influence on the objects chosen for photography. Participants greatly enjoyed taking photographs and discussing them with the group.

Figure 7: Photograph of boarded-up shop fronts: A place of fear and discomfort for participants

Figure 8: Photograph of a flower bed: A place of enjoyment for participants

3.5.3.5 Informal discussion:

As one “pilot group” refused to take part in a discussion in the form of a focus group, two fieldwork assistants (one volunteer older resident and one fellow PhD student) and I engaged individuals in informal conversations on the issues of mobility during and after a lunch. Subsequent reflection revealed that the refusal of participants to engage formally was most likely due to a miscommunication on the part of those who had organised the visit to the group, and the fact that individuals had not been prepared sufficiently for my visit. As a result I learnt about the importance of having the opportunity as researcher to make a personal connection with the participants from the outset. This is vital in gaining the trust of individuals and to explain the aim and procedures of the project.

3.5.3.6 Focus Groups

In qualitative research focus groups are considered useful in giving a broad overview over a topic (Cameron 2000; Conradson 2005) and in allowing a group of individuals to make diverse contributions. The aim of the pilot focus groups was to assess the suitability of the methods in eliciting a diversity of issues surrounding mobility. In order to collect some basic data from participants such as age and existing disabilities or impairments, all participants were asked to fill in a brief questionnaire (appendix 1). A consent form explained the research aims and process and participants’ rights in line with ethical recommendations. Participants were asked to sign this form prior to attending the focus group (see appendix 5). In order to give participants an overview of the two-hourly group session I distributed a programme at the beginning which detailed the topics and activities to be covered (See appendix 2 and 7). I soon found though that these discussions followed

their own patterns and pathways which did not necessarily align with the programme. In most cases this was not a problem, as the programme was intended only as a guide. Rather than adhering to the programme it was important to let the discussion develop and gently steer it back to the main topics when it strayed too far from the theme of the research. In order to help build trust and the relationship between participants and researcher I would introduce myself at the beginning of each session, and then ask each participant to introduce themselves, stating name, residence, age, family status, occupation prior to retirement, hobbies and interests. Lastly each participant was asked to state what 'being mobile' meant to him or her. Where the methods used called for group work, participants were divided into groups according to place of residence as subsequently the mobility diagrams (see section 3.4.5.1 below) and maps (see section 3.4.5.2 below) were based around individuals' residences. The smallest of these groups contained two, the largest contained five participants. In some sessions participants worked as individuals on diagrams and maps. In both cases participants presented their work to the whole group and I facilitated a discussion around the issues identified which was audio recorded. At the end of each group session participants were asked to give feedback on how comfortable they had felt with the methods used and asked to suggest improvements.

3.5.4 Data Analysis

The focus group discussions gave me the opportunity to elicit more detailed and in-depth information on the issues raised during the mapping or diagramming exercises. I did a thematic content analysis of the audio-recorded and transcribed discussions, drawing out issues relating to mobility barriers and challenges. These revealed some of the obstacles to mobility which older people face and which were confirmed by participants in the main study. The analysis gave an initial flavour of the significance of mobility for individuals beyond the physical movement or 'getting around'. This is illustrated by one participant's comment:

> Joanne: *Being mobile means **life**, really. If you can't get out and about and you're stuck in the house, I think you become a cabbage.*
> (Delves Lane)

The results were written up in a pilot project report which was distributed to the CASE partner (Appendix 3).

3.5.5 Summary of the pilot study

It is essential that the researcher gain the trust of all participants prior to commencement of the focus group sessions. This has been achieved during the recruitment process by me through personally visiting groups and introducing myself and the project. Throughout the project it is

essential that participants are personally addressed and informed about the project and its progress. This has to be considered the basis of any participatory approach. The methods piloted were considered suitable – with some amendments and careful consideration- for the collection of information on participants' patterns of spatial mobility and perceptions.

3.6 The Main Study

3.6.1 Recruitment of participants

As part of an agreement with the CASE partner, Age Concern Durham County began to organise recruitment of participants for the main study in September 2005. This was organised in the form of 'Information Events' in four localities: Consett and Stanley (Derwentside), Middleton-in-Teesdale, and Stanhope (Weardale). The aim was to recruit 120 participants for the research. Through its own channels and local groups Age Concern invited older people to attend the events. The attendance of these events was disappointing and as a result, at the end of the publicity events only 19 individuals in all three areas had committed themselves to taking part in the study.

Subsequently I spent the next three months working on the recruitment of participants. Due to data protection issues Age Concern County Durham were unable to pass on details of local contacts and groups. As a result I had to establish my own contacts with older people through village halls, church groups and other community organisations. Most contacts (or 'gatekeepers') proved very helpful and gave me the opportunity to speak to 'their' groups in order to explain what the project was about and ask people to participate. At those initial meetings I gave people a designed information sheet (which I had trialled with an older person) which gave details of the project and the level of involvement envisaged (appendix 8). This very personal and local approach was vital in the success of the recruitment process. I found that gaining the trust of individuals was essential, and initially working through a trusted contact or gatekeeper aided this development. At this stage, many individuals asked critical questions relating to the outcome and use of the research, e.g. 'Is anything going to change?' In line with advice given by participatory researchers (Rambaldi *et al* 2006), I was honest about the scope regarding my own influence on change and improvement beyond the duration of the project. Participatory researchers have to be aware of raising expectations beyond what they may be able to achieve. Fortunately, the collaboration with Age Concern and the stakeholder panel allowed me to reassure the audience that the outcome of the research would be applied and used by individuals and organisations which represented older people's interests. Although some were cynical about the possibility for positive change at all, the collaboration and applicability of the research did persuade many that their participation in the

project would be worthwhile. The recruitment process ended in December 2005 with approximately 180 individuals across the three districts committed to taking part in the project.

3.6.2 Selection of participants

In recruiting participants I followed a purposive sampling strategy (Curtis et al 2000). The criteria applied to the selection of participants are related to their relevance to the conceptual framework and to the research questions. In this case the questions were around issues of mobility specifically for 'older people'. This term had to be defined as there is little agreement among researchers and lay people what 'old' or 'older' means. It was decided with the CASE partner that we would be including individuals over the age of 60. This cut-off point was chosen because of its relevance to the overall conceptual framework of the study, i.e. its link with the retirement age for women at the time. Five participants were aged below 60 years of age. They were included in the study because they were either the spouse of an older participant, or because of circumstances which were of particular relevance to the study, such as a disability or impairment.

On committing to taking part in the project participants were asked to sign a consent form (appendix 5) (see also the discussion on research ethics section) and to fill in a brief questionnaire (appendix 1) requesting personal information relevant to the project. This information was then used as a basis for the selection of participants. The criteria for selection are listed below:

- Gender ratios for that district and age cohort
- Age distribution for the district
- Self-rated presence/ absence of a physical condition which limits how they get around.
- Living arrangements
- Access to a car within the household
- In receipt of regular help and assistance

These criteria were chosen for their relevance in relation to issues of mobility. For instance the presence or absence of a car in the household determines to a large extent the individual's travel frequency and mobility range. The results of the mobility diagrams showed for example that those who have access to a car make more journeys to destinations which are 15 to 50 miles distant than those who don't have access to a car in their household.

3.6.3 The sample

The resulting distribution regarding age and gender is detailed in the table below (Figure 9)

	Women	**% of participants**	**Men**	**% of participants**
Age				
55-59	2	2	3	2
60-64	14	12	4	3
65-69	23	19	4	3
70-74	14	12	5	5
75-79	13	11	8	7
80-84	10	8	10	8
85-89	5	4	0	0
90-94	4	3	0	0
Total	**85**	**71 %**	**34**	**29%**

Figure 9: Age and Gender distribution of participants

This compares with the general population of individuals over the age of 60 in County Durham as follows:

	Women % of Co. Durham 60+ population [2]	**Men** % of Co Durham 60+ population
Age		
60-64	13	13
65-69	11	10
70-74	10	9
75-79	8	7
80-84	7	4
85-89		
90-94	6	2
Total	**55%**	**45%**

Figure 10: Age Distribution of People aged 60 + years in County Durham

The sample contains more women than men, which in part reflects a trend in the general population. Other factors contribute to the slight skewing of the sample towards women: older women are often more outgoing and sociable, therefore would have been taking part in those community activities which I visited during recruitment. As a young female researcher I had felt uncomfortable about visiting those domains which are generally known to be frequented by men, such as pubs and workingmen's clubs. As a stranger to those areas I felt that recruitment in those locations would have had little success, unless a 'local' individual had introduced me. An attempt was made to booster the sample of men by visiting a Men's Forum and inviting participation from members of the forum. There was some reluctance by members to take part, because the project was seen as 'un-scientific' or 'soft' with its qualitative approach. Nonetheless some individuals showed an interest to take part which resulted in one all male focus group.

I did not collect systematic information regarding the income or socio-economic status of participants. This was felt at the time when I designed the questionnaire to be too sensitive a topic, and may have alienated participants. Nonetheless during introductions and discussion I was able to gather information on the economic and professional backgrounds of participants which gave an insight into the socio-economic characteristics of the sample. These are typical (although no claim

[2] Data for County Durham from 2001 Census (ONS)

can be made that they are strictly representative) of the areas that participants lived in and align with data from national surveys and deprivation indices (ONS Census 2001, 2009). Those show that areas around Consett (Derwentside) are among the 10% nationally most deprived areas. Copley and Woodland (Teesdale) are also situated in areas of deprivation (among the 20% nationally most deprived areas) (Lloyd 2004). Approximately 1/3 of people over the age of 60 were in receipt of pension credits in Derwentside between 2004-08 (ONS 2009). This data is also confirmed by statistics from the 2001 census on housing tenure for pensioners in the former district which indicate that around 1/3 of pensioners were living in public sector rented accommodation (ONS 2009a). Income and socio-economic status are relevant for older people's mobility on a number of levels: firstly it influences whether an individual has in the past learned to drive a car or owned a car. Secondly, some participants had to give up their car after retirement because of financial constraints, particularly where an individual lived alone. And thirdly, until recently, i.e. before the introduction of free bus travel (October 2006), older people had to consider the bus or taxi fare as a considerable expense when going out. This may have restricted the frequency of travel. Comments made by participants since the introduction of free travel for the elderly suggest that this has been a vast improvement in allowing individuals to go out without worrying about the cost. As a result some individuals have increased the frequency of their weekly bus journeys.

3.6.4 Data Collection methods

The methods for data collection in this qualitative research project were chosen on two main criteria: firstly on their suitability for encouraging participation and participatory processes (Kindon et al 2007); and secondly for their suitability in answering the research questions. The participatory methods chosen had been trialled as part of the pilot project and were slightly adapted for use in the main study.

The data collection was carried out in three phases. The first phase included focus groups in the 15 locations. The focus groups lasted on average between one and two hours. The aim of this first session was to elicit local knowledge and participants' views on mobility issues through participatory diagramming and group discussion. In addition, the discussions also included participants' views on ageing. The second phase of data collection was intended to elicit data on community change and participants' perceptions of their environments through community mapping. Another 15 sessions in the same locations were carried out for this with participants. The data from these sessions has not been analysed as part of this thesis, as the thesis focuses on individuals' life course rather than community change. The third phase of the data collection has

been individual interviews (further discussed in section 3.6.4.3) with nine participants who had particular disabilities or impairments which elicited information on the relationship between life course, the individual's characteristics and mobility challenges related to the disabilities and ageing processes.

3.6.4.1 Focus groups

This section describes and discusses the methods used for data collection in the main study, starting with focus groups. Cameron states that focus groups usually involve a "small group of people discussing a topic or issue defined by a researcher" (2000; 84). Focus groups are best suited for gaining an overview of people's views of an area of enquiry (Conradson 2005) but the resulting data is more than the sum of individual's views (Hoggart, Lees and Davies 2002). There are several issues to take into consideration when planning and carrying out focus groups. These have been discussed in the literature (Silvermann 2000; Kindon et al 2007). The group dynamics can have both a positive and a negative influence on the discussion and have to be constantly monitored by the researcher. In particular as part of the participatory approach, the researcher, as facilitator, has to reflect upon the group constitution, dynamics, relationships, and her own positionality. These issues are discussed below. Cameron (2000) points out that focus groups not only convey or reproduce existing knowledge, but through the discussion may develop alternative discourses about a topic. This is certainly part of the conscientisation agenda of PAR processes. Unfortunately the development of alternative discourses around ageing and mobility were limited for participants in this project because the groups met only twice. Nonetheless I have been able to consider some of these issues as part of this thesis. Relationships and focus group dynamics are partly dependent on whether participants already know each other. Because of the recruitment process the majority of the groups in this research project were 'natural' groups with participants recruited from pre-existing social groups where individuals more or less knew each other (Conradson 2005). For the most part this was a positive influence, but I was also aware that existing tensions and past agendas may have an impact on the group discussions.

The overall theoretical framework of the research includes life course, individual and environmental aspects of mobility. The temporal, social and spatial aspects of mobility could best be elicited through group discussion, where individuals interacted with each other. For instance, participants would remind each other of events that happened in the past or of travel destinations, compare different travel experiences and attitudes. Out of these discussions emerged a breadth of data which included contrasting or common experiences and attitudes with regard to mobility or

ageing and their lives within the community. The focus group session explored issues surrounding mobility and access utilising participatory diagramming, but we also discussed the meaning of ageing in this context. Below follows a more detailed description and analysis of the focus group sessions.

The number of participants in the focus groups varied between two and twelve. At the beginning of each focus group I handed out an overview of the session, its structure and topics. This was intended to help participants in preparing for the session and what would be expected of them, thus making people more comfortable in the focus group situation.
We always began the focus group session with an introduction of all participants and the researcher and any assistants present. This aided in building relationships and trust among participants as well as with the researcher. It was also intended as a more informal and participatory way of gathering background information on participants than a questionnaire would have been.

Participants were also asked to think about what 'mobility' meant to them at this point.
Then followed the diagramming (mobility diagrams are discussed in section 3.6.4.2) and the discussion. Initially I asked participants to take turns in discussing their diagrams, and positive or negative experiences they had in getting to their destinations. I used this more structured discussion in order to give each participant the chance to make a contribution. As is common in these situations, the group became more animated where the topic was felt to be relevant and a general discussion would ensue, often going off at a tangent. My task as facilitator would then be to gently lead the discussion back to the relevant task. This ensured that less confident and vocal individuals also contributed to the focus group. It was interesting to note, but not entirely surprising, that in those groups where individuals knew each other well, the discussion could become very lively, with much joking and teasing going on between participants. This contributed to the enjoyment of the session by participants, but did not always make the facilitator's task easy when having to keep an eye on the clock. In addition I was also aware that the audio equipment would not cope with recording several persons' talk at once, which meant that I was losing valuable data. I explained this dilemma to the participants and they usually agreed that they would try to be more 'disciplined' in their discussions (until the next time they got carried away). Those kind of pragmatic problems with conducting focus groups are rarely discussed in detail in the literature, but they can be difficult to deal with in praxis. The facilitator constantly has to make a judgement regarding the relevance of certain issues to the topic, a balancing act between wanting to encourage broad discussion and the practicalities of time and other limitations. During data analysis I realised that it was often these

apparently tangential issues and discussions which actually allowed me to develop the more holistic and relational conceptualisation of mobility.

Facilitating a focus group discussion is a skill which has to be acquired through experience, which means that one inevitably makes mistakes along the way. What is important is to be reflexive about those mistakes and learn from them for the next session. What complicates the matter is that few group sessions are alike; their composition influences the process and discussion (Hoggart et al 2002). As a facilitator one has to be prepared for the unexpected and be flexible enough to deal with it creatively (Kindon *et al* 2005). Although I always distributed a discussion schedule at each session, as was mentioned for the pilot project, there was a need to be flexible in terms of the structure of the discussions. Overall the groups managed to cover the two main topics of mobility and ageing in all sessions.

3.6.4.2 Diagramming

The methods used for data collection in this project are derived from the participatory action research repertoire (Chambers 2002) which are designed to encourage participation from all members of the focus groups. Diagramming and mapping as techniques can aid the inclusion of even those participants who are less verbal and confident in the group setting (Kesby et al 2005) and provide an anchor or starting point for subsequent discussion.

In this project most participants enjoyed the experience of putting pen to paper, making comments such as ‘This feels like we’re back at school’. With this particular age group there are some added considerations to take into account when using diagramming: Older people can develop sensory impairments or disabilities which makes holding a pen or drawing difficult. Those conditions encountered among participants in this project include arthritis, visual impairment, stroke, and tremor of the hand. In these cases fieldwork assistants or I offered to draw the diagram under instruction. It is particularly important that those individuals can trust the researcher sufficiently to firstly admit to difficulties, secondly to accept assistance, and thirdly to trust that the helper will make an adequate representation after the participant’s instructions. Only in one case did a participant himself actually refuse to draw a diagram which was to show his mobility patterns, because he felt that this would be too painful an exercise, making him more aware of his limitations in getting out. He nonetheless felt able to discuss these limitations, but did not want to see them on paper. Other participants made comments which point to the reflexive nature of making the diagrams, a process of consciousness- raising regarding their own patterns of mobility and the

obstacles they faced. For some individuals this experience was positive in that it made them aware of the multiple opportunities they had. In others this was a more sobering experience because it brought to light the many restrictions they faced in getting around on a daily basis. Participatory diagramming as a method in participatory research aims to enable participants to explore a particular issue or topic from their own perspective, thus contributing to the establishment of a local knowledge-base. It aims to serve as a basis for reflexive and self-critical discussion of aspects of their lives which participants take for granted and which may contribute to their marginalization or exclusion from society (Cahill & Torre 2007).

Participants were asked to visually represent their travel destinations in a mobility diagram (figure 11) which consisted of five concentric circles, going outwards from the individual and the local level, i.e. their home town or village, distances up to 5 miles, then up to15 miles, the next 15-50 miles and the last circle indicating destinations beyond 50 miles. Participants were then asked to add to each destination:

A. the frequency of travel (e.g. daily, weekly, monthly etc), and

B. the mode of travel (e.g. walking, driving, lift in car, bus, train etc.).

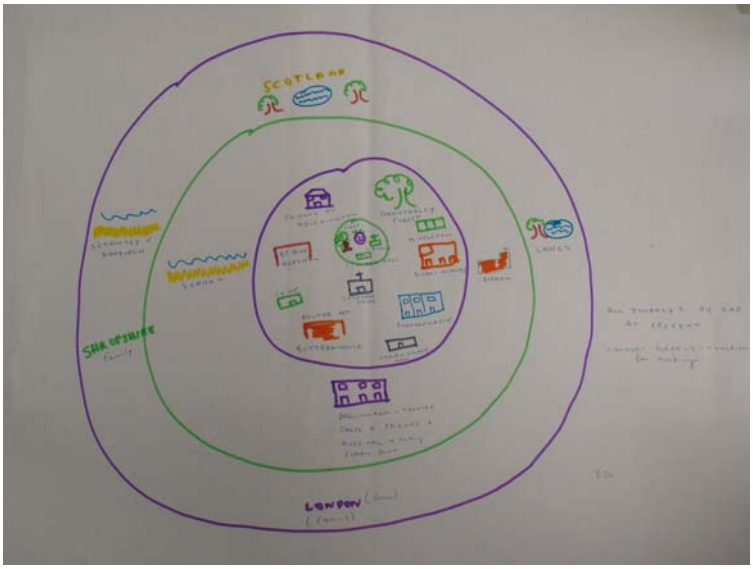

Figure 11: Mobility diagram

In order to aid individuals' recall of past travels and destinations participants were instructed to think back over the last two weeks for regular travels, or for less frequent journeys to go back in time no more than one year. In fact, many of the groups where participants were familiar they reminded each other of journeys they had made. Discussion of various destinations amongst participants whilst drawing also helped to jog others' memories of their own journeys. In this way recall errors or omissions were minimised. The diagrams were useful in developing participants'

awareness of their mobilities by gathering this information and visually representing it. The diagrams also served as a basis and focus for group discussion. Because every participant had drawn a diagram and thus reflected on their mobilities each individual was able to contribute to the subsequent discussion.

In summary, the focus groups and diagramming provided me with very varied and rich data on the challenges and issues faced by older people in their daily lives in County Durham. I have discussed here some of the issues I encountered in carrying out focus groups with older people. For most participants the experience was a positive one, an enjoyable and sociable occasion. I would say that the opportunity to socialise was as important in motivating many participants to take part in the research as was the discussion of the particularly relevant topic. It is therefore important when planning focus groups with older people to make sure that it is a pleasant and pleasurable experience for participants.

3.6.4.3 Interviews

Interviews are used in the social sciences in order to explore the complexities and possible contradictions of individuals' opinions and daily practice regarding certain issues (Valentine 2005). In life course research in particular interviews are used to gain an understanding of an individual's life trajectories in relation to major societal, political or economic events such as war, depression, political crises or socio-cultural changes. Hoggart *et al* point out that interviews are particularly suited for "elucidating interacting influences on people's lives" (2002; 209), but they also warn that the quality and depth of information gathered depends largely on the quality of the relationship between the interviewer and interviewee.

I carried out nine semi-structured interviews (Fontana and Frey 2003) with participants who had particular mobility requirements because of sensory impairments or physical or mental disabilities (Figure 12). Interviewees were selected according to criteria regarding their gender and the nature of their impairment. The sometimes multiple conditions experienced by interviewees included: hearing impairment and senility, blindness, arthritis, dementia, Multiple Sclerosis, and Chronic Obstructive Pulmonary Disorder (COPD) with blindness. Semi-structured interviews are conversations which are based around themes or loosely phrased questions. They give the interviewee the opportunity to direct the conversation to an extent, but my prepared questions gave a general structure to the interview (Appendix 10). I used the themes mostly as a reminder of the areas I wanted to cover in the interview, but in many cases the interviewee directed the

conversation and thus covered most of the topics without my prompting. This flexible approach to interviewing also gave participants the opportunity to raise issues which I had not anticipated (Valentine 2005).

Figure 12 gives more details of the nine interviewees:

Age		65-69	70-74	75-79	80-84	85-89	90-94
Male		0	1	3	0	0	1
Female		1	0	0	2	0	1
Location		*Derwentside* (Lanchester)	*Derwentside* (Delves Lane)	*Derwentside* (Dipton, Delves Lane, Lanchester)	*Teesdale* (Gainford, Egglesburn)		*Weardale* (Daddry Shields); *Derwentside* (Medomsley)
Names		Agnes	Ken (with wife Barbara)	Charles (with wife Beth), John, Jeremy	Anna, Jane		Bert (with wife Sophie), Mrs Brown

Figure 12: Age, gender, location and names of interviewees

The interviews had several aims: Firstly they allowed for a deeper exploration of the themes which had been raised in the focus groups. Secondly they allowed for a deeper exploration of the life course component of the research, eliciting links between life events and opportunities and socio-cultural and generational aspects of mobility and individual characteristics and personalities which influence motivations for going out. And thirdly because of the particular impairments experienced by these participants, the interviews allowed for a deeper understanding of the issues regarding mobility faced by individuals with particular needs. There was lastly also a practical reason for interviewing this particular group: as these individuals had severe problems in leaving their homes, attending a focus group was very difficult to arrange. The interviews could be arranged and were carried out in participants' homes (with one exception which was carried out in a social club). As these participants spent much of their time at home and often needed special adaptations to get around in their homes, placing the interviews in that sphere was particularly appropriate and gave participants an opportunity to show me the adapted features of their homes and how those improved their quality of life. The home visit also gave me a better impression of what the particular impairment meant for that person on a practical level in coping with daily living within his/ her home.

The interviews were carried out as semi-structured. I had prepared questions regarding the participant's early life, working and family life, patterns of mobility, interests and hobbies throughout the life course, current issues in getting around and suggestions for solutions to problems, and support networks (appendix 10). The interviews lasted between 35 minutes and 2 and ½ hours and were audio-taped. I explained the process and the themes of the interview to the participant. I also pointed out their right to discontinue the interview at any time and that the recording device could be switched off if they wanted to. The interviewee then signed a consent form (appendix 5).

Some of the issues I encountered during the interviews and which may have influenced the data collection are described here. In several cases the interviewee was not alone, but with a spouse. In those cases the spouse, who was also the carer, would at times speak for the interviewee. In some instances I explicitly directed questions at the interviewee in order to make it clear that I wished for his response. In two cases the spouse left the room for a while, and the interviewee then felt free to discuss certain issues concerning the spouse and carer. In another instance the general discussion during the interview with husband and wife had been very upbeat with the couple stressing how well they were looked after and how they coped with the situation. But at the end of the visit, once the recording device had been switched off, other issues surfaced which indicated that their experience with support services had been less positive than they had initially lead me to believe. As was mentioned earlier the data recorded is dependent on the relationship between researcher and participant, on the trust that participants place in the researcher and their role, and in the context of the interview. It is also important to consider the impact certain spaces may have on the interview. In two cases the place in which the interview took place was less than ideal. In one case the interview was carried out in a room in a working men's club which was open to the public, and where there was much background noise and commotion. As a result this interview only lasted 35 minutes and lacked the depth which I had achieved in some of the other conversations. In another case the interview was held in the participant's bed room as there was work being carried out in the living-room and kitchen area. The participant was in some discomfort and pain and spent the interview kneeling on the floor whilst leaning forward onto the bed. As can be imagined this was not conducive to a positive interview situation, but surprisingly the data from the interview shows that the participant was nonetheless able to speak openly and in some detail about her situation.

In conclusion, although the interviews are not generally part of a participatory research approach, in this case they yielded valuable and in-depth data which enriched the life course analysis and gave insights into the issues faced by older individuals with impairments or disabilities.

3.7 Participatory Research Ethics

Academic research is guided by ethical considerations which provide the researcher with rules for morally correct engagement with participants. Ethics is a "system of principles and rules that help us determine which actions are right and which are wrong" (Manzo and Brightbill 2007; 33). Traditionally there are three ethical principles which guide research: respect for persons, beneficence and justice. The first principle is expressed through seeking participants' informed consent and assuring their confidentiality and anonymity (Appendix 5). Participants in this project signed a consent form which laid out the types and levels of participation required during the research process. Participants were assured that they could request the audio recording device to be turned off at any time during the focus groups or interviews. During transcription of the audio recordings names were identified as initials. The audio recordings were destroyed after transcription. No personal information or details which could identify an individual was to be included in any written material unless permission was granted. The second principle is concerned with maximising the benefits for all persons involved; this relates to the third principle which rules that research should not be exploitative of its participants and should treat all participants as equal. Manzo and Brighbill (2007) argue that participatory research ethics takes these principles into consideration but needs to go beyond them because of the relational and transformational nature of participatory research. The authors develop five principles of a 'participatory ethics' (representation, accountability, social responsiveness, agency and reflexivity) which will be used here to guide a discussion of the research ethics of this participatory project.

3.7.1 Representation

PAR researchers consciously position themselves on the side of the marginalized sections of society. In that sense the knowledge created is situated, not presumed to be objective. It is therefore important to be aware of who is represented within the research process, and to remain aware of the agendas of individual stakeholder and groups or organisations. Such positionality can lead to controversies and therefore a continuous dialogue between parties is necessary to clarify objectives and roles.

Who was represented in this research project? In theory it was individuals over the age of 60 who may have taken part. But is every person equally likely to volunteer to take part in such a project? Obviously not, as motivation plays a large part in volunteering of any kind. In that respect the participants were 'self-selecting'. A number of different motives for participation could be discerned: there were those individuals who were already active in their community and felt that the project may benefit their community and other older people in it. Others were motivated because they had some personal experience with mobility difficulties and were using the project as a channel to either vent frustration or to achieve a particular outcome/improvement for themselves. Others yet took part in the project because it afforded an opportunity to socialize or because they wanted to 'help' me as researcher. And lastly individuals appreciated being given a voice and being listened to by an interested outsider after having been largely neglected and marginalized as older people by society.

With such a range of motivation there were also a range of personalities involved in the focus groups. The participatory approach and methods aimed to give each individual an opportunity to express themselves, and although this was largely successful, there were in some groups individuals who were more dominant in expressing their opinions than others. As facilitator it was my role to encourage everybody's participation in the discussions, but shy individuals would sometimes talk to me after the session and give their opinions 'in private'. Participatory researchers not only advocate an awareness of who is represented in the research, but also an awareness of the extent to which the researcher (or facilitator) is able to re-present the marginalized communities she is working with (Cahill & Torre 2007). There is a limit to the researcher's ability to 'know' the 'other's' experience. This means that the researcher has to be conscious of her own positionality vis-à-vis the participants. I was particularly made aware of the age difference between myself and the participants which was up to 53 years. Participants would make reference to my age with comments such as 'do this while you're still young' or when discussing the experience of ageing, 'you'll understand when you're my age'. The latter remark fortunately was a one-off by a reluctant participant, because it indicated that the speaker did not allow for the possibility of my being able to understand the experience of ageing even if it was explained to me. It is true that a certain type of understanding only comes with personal experience, and that the ability to understand the 'other' is therefore limited. Participatory research in particular attempts to overcome those barriers and to open up spaces for communication and dialogue between individuals with very different epistemologies (such as participants and academics or stakeholders). It is the precise intention of participatory research to bridge this gap between expert and lay knowledges. In the case of the

ageing experience the participants were the ‘experts’ and I the person to learn from them. This aspect of the relationship became evident in the pieces of advice participants would give me. But the role of the facilitator goes beyond being a sounding board for individuals’ experiences. It was my intention to challenge some of the stereotypes regarding ageing expressed by participants themselves and to an extent my outsider status gave me another vantage point from which to consider the ageing discourse and its stereotypes. Those stereotypes consider ageing as a period of physical and mental decline; a withdrawal from social roles and activities; and a contented and peaceful existence. As those stereotypes serve to maintain older people’s marginalized position in society, the critical discussion of those stereotypes aimed to raise awareness among participants of this process. Participatory research deliberately confronts such discursive processes which reinforce existing inequalities through consciousness-raising (Freire 1972). The researcher’s role is to subsequently facilitate the development of alternative discourses based on participants’ own knowledge and experience.

During the discussion on the meaning of ageing with participants I attempted to draw out possible alternatives to the negative stereotypes. One of those alternatives related to the wealth of life experience and learning that older people have gone through and I suggested that old age may be a time of greater wisdom. Although participants conceded this, they felt that this wisdom was wasted because it could not be passed on to the younger generation, as they were uninterested in learning from their elders. This example indicates firstly that existing discourses on ageing are not easily overcome or replaced because of the complex interweaving of practices and concepts; and secondly that because of the positionality of the researcher within the same discursive reality it may be impossible to actually facilitate the formation of an alternative discourse (Kapoor 2004). The facilitator is constrained in her efforts to produce alternative forms of knowledge by her position within existing discourses.

One of these discourses relates to my own positionality within an academic tradition, which is itself based on certain ontological and epistemological assumptions. It is a tradition shaped by the idea that there is a social reality that can and should be studied; that it is legitimate to ask questions about this reality, and because we have come to accept in postmodern times that there may be multiple realities, we search for a phenomenological reality. As a result, it seemed legitimate to be enquiring into people’s perceptions of their own ageing. But this is possible only within the context of a society that has already developed an extensive discourse around ageing: from the obsession with youth and fitness to the political discourses around pensions, which portray older people as

burdens to society, ageing has been 'on the agenda' for some decades. In contrast, Merriam *et al* (2001) found that Malaysian older people did not respond to questions about ageing, as they were meaningless in the context of their society. Discourses on ageing are therefore temporally and spatially situated, and a facilitator needs to be aware of this. However this does not mean that the experience of ageing for the individual older person is less 'real' because it may be relative in time and space. For an older person the reality of ageing in British society in the 21st century may be uncomfortable and frustrating at times, but it is likely to be the only experience they have and they may not like to critically examine it or question its legitimacy as this may lead to uncertainty. As facilitator I may wish to radicalise older people into protesting against society's inequitable treatment of older people, and this is often the aim of participatory research, but I had to accept that there were individuals who did not like to question the status quo for fear of change. In the focus groups this reluctance to change was often expressed in terms of an appreciation that older people never had it so good and that previous generations of older people had had hard lives and little material security.

The declared intention and goal of PAR approaches for social change may lead to an over-representation in the research process of those who are vocal about their dissatisfaction with society and a neglect or under-representation of those who are content with their lives. In addition, researchers often find themselves in a position where a critique of existing conditions and a call for change and improvements is expected from them. Collaborators or funders of research have their own agendas and the representation of findings may depend on the audience for which they are intended (Cahill & Torre 2007). Age Concern as the funders of this research project expressed disappointment with the draft report on the grounds that it portrayed older people's lives as too positive. Curiously enough this positive slant of the report had been the result of participants' feedback on the draft report with comments on it being too negative and gloomy in its portrayal of older people's lives. Age Concern's agenda for involvement in the research had been to use the findings for funding bids in its work with councils, social services and other agencies. They therefore required a report as evidence which showed older people as needy of support by Age Concern. Participants themselves did not want to be regarded as needy and therefore a burden, but as living worthwhile and independent lives. As a compromise I added another section to the report which described in some detail the difficulties some older people with multiple health conditions, disabilities and impairment have. This satisfied the funding organisation. Macmillan and Scott (2003) report similar experiences of having to negotiate certain aspects of their research with funders whilst engaged in collaborative research.

3.7.2 Accountability

The above dilemma illustrates the possible conflicts which may arise from working with and for multiple audiences with contrasting agendas and interests. As participatory facilitator I felt primarily accountable to the participants and their interests. But the reality of the funder's agenda could not be easily dismissed. Because of their investment into the research I was also accountable to them. This was particularly apparent at the beginning of the research process prior to a relationship of trust having been established between Age Concern employees and myself. During that initial period Age Concern were reluctant to devolve control of the project and frequently emphasised that their reputation as an organisation had to be guarded vis-à-vis their client group, i.e. older people, and professionals and policy makers who provided funding for AC projects. Although I was at that point primarily accountable to AC I had to establish myself as separate from the organisation as I did not represent AC to the participants but Durham University as a research Institution of some repute. This was important because older people were not unanimous in their approval of Age Concern and its work and aims. Although some had had positive experiences with the organisation, others did not wish to be associated with it. In order to subsequently gain participants' trust I had to make myself independent.

Manzo and Brightbill (2007) emphasize that researchers have to make their own interpretations of what accountability is and to whom they are accountable. In this project I was accountable to four different parties (Age Concern, the participants, the university, and the stakeholders), and the level and types of responsibility were shaped by the relationship with those different parties. My responsibilities towards Age Concern were related to my association with the organisation and having to behave in a certain way to uphold their reputation. This was evident, for example, in being told that participatory diagramming would be an acceptable method to use with participants, but not with stakeholders. AC regarded the method as not academic or rigorous enough to be used with professionals. I nonetheless used the diagramming method with the stakeholders in order to elucidate their views on older people's mobilities (data from these sessions has not been included in this thesis). AC's responsibility in the project was primarily in the distribution and use of the research findings. This commitment was a very positive aspect of the research because it provided participants with an opportunity to affect changes as part of the participatory process by contributing to the creation and distribution of local knowledge.

My responsibility towards the participants therefore was primarily in facilitating this process of knowledge creation and the subsequent representation of this knowledge to Age Concern in the form of the report (appendix 9). The process itself was to be as participatory as possible within the constraints of time and resources. Participatory projects that wish to affect changes are generally time consuming and require long-term commitment by the researcher and the participants. As this project was part of PhD research the time spent on fieldwork itself was limited to approximately 10 months.

In relation to the university I was obliged to conduct my research ethically. This included seeking participants' informed consent, and assuring their confidentiality and anonymity. Although the contact with stakeholders was minimal, it was crucial in that the continual communication with policy makes and professionals would ensure that the findings would not be ignored. My responsibility towards this group was in seeking their views on the subject of older peoples' mobility in order to maintain a dialogue between the potentially contrasting world views of professionals and participants. In the event it was surprising to what extent stakeholders were aware of the problems older people faced. Their views on the main obstacles to improvement were the lack of funding and the lack of co-operation between agencies and service providers.

3.7.3 Social responsiveness

As Manzo and Brightbill (2007) point out, the collaborative nature of participatory research necessarily puts the developing relationships between facilitator and participants into the spotlight of the research process. Although participatory researchers may partly determine their research themes or goals, the facilitator needs to be flexible enough to respond to participants' changing needs and priorities. This flexibility or responsiveness is necessary across groups and across time because no two groups are ever alike, and the development of the project and the relationships within the group and with the facilitator will influence participants' involvement, commitment and goals.

As researcher, the facilitator will need to be an empathic listener in order to respond to participants' concerns and the groups' needs and dynamics. Although I always prepared a programme for each focus group session, we rarely were able to follow it rigorously. Instead it served as an orientation for the participants and for myself, from which it was quite possible to depart at least for a short time. Most commonly the departures related to some very local or personal issue or problem, possibly indirectly relevant to the discussion. In one instance I had to make a decision that the

group would not be able to carry out the diagramming. This was mainly because the group (a lunch club) had forgotten about my visit and the relationship with the participants still lacked sufficient trust for me to demand this level of engagement. Participants were happy to engage in a very lively discussion though. Fortunately trust improved over time and I was able to engage individuals with participatory mapping on a subsequent visit.

3.7.4 Agency

In participatory research the research process is part of the goal because it serves to raise individuals' consciousness of social inequalities and injustices through discussion and questioning of the status quo. This process is fluid and at times the researcher has to contend with a certain amount of uncertainty regarding the direction the research will take. This demands an open-minded and flexible approach from the researcher, an ability to give control to participants. This isn't always easy because participants themselves will ask: What do you want us to do? What is going to happen next? As Manzo and Brightbill (2007) point out, participants must recognize that each individual has the power to enact change. The facilitator may have to encourage people to recognize not only others' but also their own ability to make changes. A participatory research project should give participants the confidence to confront problems and make changes, should they wish to do so. It is important to recognize though that not everybody will have the same approach to making changes. Some may campaign for a whole village or on behalf of older people, others may just quietly make changes in their own lives. One participant recognized through the use of the mobility diary that she was spending too much time in her car, and resolved to do more walking. Another participant intends to use the report to apply for community transport funding. For the facilitator it is important to engage individuals with a respectful and empathic attitude in order to create a space where participants can explore their own lives, attitudes and agendas without being judged.

3.7.5 Reflexivity

Monza and Brightbill (2007) include self-critical reflection in their principles of ethics for participatory research. They consider reflexivity as a practice of incorporating reflection as an integral part of research. As mentioned above participatory research emphasises the research process in relation to development and change of social relationships, individual values and social inequalities. The facilitator needs to reflect throughout the process on these processes and developments as the project moves from one stage to the next. Reflexive practice should be built into the research structure to give the researcher and participants time to assess what has been

achieved and possibly re-orientate the research process if necessary. Participants in this project were asked after each focus group session for their opinions and feelings regarding the methods, format and structure of the research to date. Most of the time older people were happy with the format and structure, but some voiced doubts regarding the methods used. These doubts related to what participants regarded as the unconventional diagramming and mapping methods for data collection. Although they enjoyed the activities, participants could not imagine how the data given in the diagrams was to be 'useful', i.e. how it could be analysed. Unfortunately it was not possible in this project to involve participants in the analysis of the data, which would have made the analysis process more transparent.

Reflexivity is vital for the researcher because each participatory research project is always also a learning process for the researcher as facilitator. During my research I not only had to learn the 'how to' do research, i.e. methods. I also was continually learning about older people's lives; their priorities and concerns; and about how the research fitted into their lives. There were many aspects of the research which were peculiar to older people as participants. For instance, during the winter months, I had to cancel a focus group twice in a remote hilly village because of snow and ice, conditions in which older people would not venture outside. In those same months it was important to find a venue that was heated and comfortable. Venues had to be accessible with few or no stairs. Serving teas, coffees and biscuits helped to keep people motivated. One also needs to be aware that some older people may be diabetic and need regular meals. The timing of the focus groups was important: mostly they were held mid-morning, so people could combine the meeting with other commitments, such as shopping or a lunch club. Only the more active and fit individuals were happy to attend an afternoon meeting. The long time span between the recruitment and the first meeting, and between the first and second focus group in each village were problematic, as some people were prone to have forgotten about the project. At the point when I realized this it was not possible to re-structure the research, but I attempted to alleviate the problem by staying in touch with participants through letters and updates.

Older people tend to focus more of their time and values on their immediate community, social relationships, family and friends. It was therefore impossible for me to position myself as a neutral outsider and researching facilitator. Participants wanted to be able to relate to me as a person or even as a friend in some cases. As I learnt more about their lives participants demanded to know about my life. This personal involvement was in my view an integral part of showing participants respect and treating them as equal in the research process. Only in this space opened up by the

development of trust can participatory research flourish. As researchers we are always ourselves and relate to participants in a particular way, unique to our personality and experience, but we become part of the participants' social world. As researcher I cannot remain separate or neutral. My personal involvement with participants was part of a learning process, not just about other people, but also about myself. Reflection on how I related to participants and of how participants regarded me was vital in illuminating some of the comments made during focus group discussions. In addition, the development of trust between me and participants allowed some individuals to speak about particular personal problems. Because of the trusting relationship I felt responsible in helping these individuals to address and solve their problems. But as my time and competence were limited I was grateful to be able to refer them to Age Concern's advice service. This procedure had been agreed between myself and Age Concern Durham County at the outset.

3.8 Data analysis

3.8.1 Constructivist grounded theory

The qualitative data analysis in this participatory project is philosophically underpinned by a *constructivist grounded theory* approach. This approach was originally developed as a critique of positivist assumptions of the researcher as 'objective' (Charmaz 2005) which are still evident in traditional grounded theory approaches as proposed by Glaser and Strauss (1967). In this tradition initial data gathering is carried out either with (Corbin and Strauss 1990) or without (Glaser 1992) preconceived questions in mind, depending on the tradition followed. In the grounded theory approach the researcher codes data immediately after collection in order to find 'emerging' themes. Further data collection aims to 'saturate' and confirm the emerging categories (Silverman 2000). These are then developed into a matrix which aims to give explanatory power to the categories on a theoretical level. Grounded theory has been criticised for its fracturing of data which offers a limited understanding and for the mystique surrounding the data collection at an early stage (Silverman 2000; Charmaz 2005). *Constructivist grounded theory* in contrast is based on the dialectical relationship between the researcher and the data (or text), and on an acknowledgement of the situatedness of the interpreter's (i.e. researcher's) perspective:

> *A constructivist grounded theory recognizes that the viewer creates the data and ensuing analysis through interaction with the viewed… the 'discovered' reality arises from the interactive process and its temporal, cultural and structural contexts.*
> (Charmaz 2005; 273)

The data analysis combines phenomenological elements with discursive forms of analysis. Pidgeon (1996) argues that the discursive context gives the data analysis and resulting theory its explanatory power because it goes beyond the description of phenomenological experiences to include the

context in which individuals operate. This 'ecological' approach is particularly suited to this participatory research project because the constructivist approach allows the interpreter to tell a story about people, their situation and experiences, as well as wider social process and power relations.

In line with a hermeneutic philosophy, I approached the texts with openness and repeatedly viewed the data afresh as I developed my ideas. The interpretation and resulting categories were constantly checked for their consistency with the data. The aim was to develop categories or dimensions which allowed for an understanding of the complexities of people's experiences and lives. This research project aimed to chart some of the inter-relationships between different aspects of mobilities, ageing and connectivities with the wider world. These relationships were explored across both phenomenological and discursive levels. Rather than reducing the relationships to their most simplistic forms, the aim was to uncover the complexities of individuals' lives, including similarities and differences between individuals (Richards 2005). This was necessary because ageing is accompanied by an increasing diversification of the population, and generalisations can lead to a reductionist approach by service providers that does not adequately address the needs of the ageing individual.

3.8.2 The analysis process

The starting point for the data analysis was the research questions. Data analysis was carried out manually initially using colour coding for the main themes. Later on I divided the main themes into thematic sub-categories and related them to other categories where appropriate. Initially I coded the data into the three main themes: mobility, social exclusion, and ageing. As one of the questions asked during the focus group sessions was 'What does mobility mean to you?' the responses to this question were drawn out separately. The same process was carried out with answers to the question 'What is ageing?'. Social exclusion was later re-defined as connectivities, and the data analysed accordingly (see Chapter 7 for the reasons behind this). Through the answers to those questions I was then able to develop categories of mobility, as well as dimensions of the ageing experience and connectivities. Throughout this process I consciously reflected on my own positionality as researcher vis-à-vis the participants, and how my role may have influenced the data collection. I was also aware that my own open personal characteristics and holistic outlook on life may have influenced the data analysis as it was carried out as a process of dialectical openness between researcher and text (Gadamer 1971) and aimed to uncover the complexities of older individuals' lives in a holistic way. Thus further engagement with the data and continued analysis allowed me to

expand the aspects of mobility to include less explicit examples and draw out some of the relationships between ageing, mobility and connectivity. Although the mobility question had been based on an understanding of physical mobility the data analysis showed that participants closely related physical mobility with other aspects of their lives. As a result I was able to expand the conceptualisation of mobility to include mental aspect and 'mobility of the self'. Other coding was based around relationships between these themes and the theoretical framework (life course approach to environmental gerontology): For instance I was interested in the relationship between life course and mobility; environment and mobility; life course and connectivities; environment and connectivities; ageing, environment and life course. In line with the constructivist grounded theory approach I coded these different relationships in terms of both experiential and discursive aspects (based on a Foucauldian methodology), and in the critical analysis then related these individual experiences to societal normative discourses and social-cultural practices which for instance reproduce negative ageing discourses and practices.

3.8.3 Situating the data

The constructivist approach and discursive analysis situates the data within time and space. For this project it means that the data analysis is positioned within early 21st Century British society (and in some instances located specifically in a rural county in the North East of England). It becomes very clear to the researcher early on when speaking to older people that they themselves have an awareness of the changing times and contexts. Statements such as 'in the olden days…' or 'when I was young…' are evidence of the reflections carried out by individuals on the differences between past and present society.

3.9 Summary and presentation of findings

In this chapter I have outlined and critically examined the methodology and methods used for data collection and analysis in this research project. The methods and analysis have enabled me to consider older people's spatial mobility very broadly across the life course, and thus have contributed to the extension of the conceptualisation of mobility and ageing based on older people's knowledge and experiences. The following four findings chapters discuss and analyse the issues raised by participants in the context of wider societal discourses around ageing and mobility.

In Chapter 4 I will broaden the understanding of mobility to encompass not only physical movement but also psychological engagement with the world. This conceptualisation is then applied in Chapter 5 to the analysis of barriers and challenges which older people experience, as

well as resources which participants utilised to respond to and overcome these challenges. Older people's engagement with the world is further analysed in Chapter 6 in terms of connectivities. And in Chapter 7 I present and discuss some of the issues relating to participants' embodied experiences of mobility and ageing. Based on participants' comments I also propose the addition of a spiritual dimension to life course research in order to expand the time horizons of environmental gerontology to include older people's *future*.

The discussion of the findings is not strictly separated according to data collection method (i.e. focus groups or interviews). Because both focus groups and interviews covered questions around mobility and ageing I have been able to use data from both sets in the analysis of the findings. I considered the data from the interviews as part of a continuum which enabled a deeper exploration of issues raised during the focus groups. The interviews gave a greater insight into the life course context of the research themes and I therefore predominantly draw upon interview data when discussing life course or temporal issues. As the interviews were carried out specifically with individuals with impairments or disabilities I draw on these in section 5.4 in the discussion of Mobility, Disability and Impairment.

Chapter 4

Mobility and Independence-

An exploration of the concepts

Our nature lies in movement; complete calm is death.

Pascal, Pensées (in Chatwin 1998)

In Chapter 2 I defined *mobility* as encompassing physical activity as well as general movement through space. In addition I argued that mobility has a psychological component which is expressed in people's characteristics, their attitudes and mental states. In this section I shall firstly be discussing the discursive context in which mobility as a concept is situated. Participants' narratives regarding their own definitions of mobility are clearly set within this discursive context. In addition, I shall conclude that in spite of attempts at holistic conceptualisations meanings of mobility as expressed by participants are constrained by the dichotomous understanding of the human being in 21st Century Western society. In the second part I shall explore the meaning of mobility as expressed by participants and argue for the close links between physical and psychological mobility. I will also be exploring participants' understanding of independence in relation to mobility which is one of the most prominent discursive connections. As I shall be arguing participants seem to equate mobility with independence, but on closer inspection of the contexts and relationships involved this independence has to be understood in terms of *inter-dependence*. Services to support older people's mobility and independent living need to acknowledge the vital role which social relationships play in maintaining well-being. Older people's care and health services need to provide opportunities to encourage inter-dependent relationships between older people in communities, but also between generations in families and across society.

4.1 Defining *mobility*

The quote by Pascal at the beginning of this chapter expresses the intrinsic human need for movement. Movement is life; stillness is death- a sentiment which is also expressed by some of the participants in this study (see section 3.3.1). For most of our lives we go about not seriously considering obstacles or impediments to daily mobility. Typically, for most of our adult lives we may be restricted due to financial or time constraints, or due to work and family responsibilities, but these restrictions do not usually threaten our identity, autonomy or independence. As long as we have physical health we take for granted the mobilities needed to maintain our identity and

independence: movement is taken for granted and we can go anywhere we choose by whatever means necessary or convenient. But as people get older this taken-for-granted norm is challenged because of physical infirmity and ill-health. The data from this study shows that mobility in old age is accompanied by an increased consciousness of the embodied experience of movement and the impact of restrictions on individuals' daily life. Other studies have also revealed how older people fear the loss of mobility and independence with increasing ageing and disability (Finlayson and van Denend 2003; Stone 2003). This current research also shows an increased awareness by older people of the interplay between psychological, social and physical aspects of mobility. But what exactly is *mobility*? Mobility is movement in time and space, but the concept of movement itself is not straightforward. Frello (2008) points out what counts as *movement* or non-movement is discursively constituted. She refers to movement between places, i.e. physical movement, and argues that even the places described as 'here' and 'there' cannot always be empirically observed which has consequences for how we understand movement between those places. I would conclude that movement is essentially a relational and relative concept which is also confirmed by participants' narratives in this study.

In the same way as movement and non-movement are fluid but inseparable concepts, so is mobility discursively linked to discussions around disability. *Mobility scooters* for instance are devices for people with *disabilities*. Participants deliberately distinguished between those difficulties which arise through ageing and those which arise through disability thus distancing themselves from the 'disabled' label. This is illustrated in the following exchange:

> Anthony*: I think I'm restricted with age as far as I'm concerned; … it's age more than mobility.*
> Friederike*: So how does age restrict you, would you say?*
> Anthony*: I don't think I have the energy and I think that some immobility comes with age. You know, I mean I have problems with stairs. I know exactly how to deal with it as far as I can, but in addition to that, you're just not as strong, you're not as fit as you used to be, you can't be, can you? … No, exactly, you haven't got the balance. There's nothing wrong with me but steps become formidable and nothing will get me up a ladder now, I'll be quite honest you know. I think life become just that little more difficult.*
> (Consett)

Imrie (2000) in his discussion of mobility and disability discourses argues that the mobile body is part of a hegemony of movement and mobility as cultural and social norm. The author points out that the disabled or immobile body is excluded from engagement with social and physical structures because of disabling environments and attitudes. This social model of disability was developed in response to the medical model of disability which conceptualises disability in terms of

a deviation from a 'norm'. The social model in contrast emphasises the environmental or social-structural barriers which disable individuals with impairments (Oliver 1996). The model has been applied to further understanding of disabling practices in society for instance in relation to public transport (Freund 2001). It has been successful in lobbying politicians, policy makers and planners in changing legislation and application in order to provide equal opportunities for the inclusion of disabled people in society (Shakespeare & Watson 2001). In recent years the model has been criticised for a number of reasons: Terzi (2004) for instance argues that the model is limited in furthering our understanding of the relationships between the social construction of disability, the experience of impairment and societal discourses and practices. Other authors have similarly critiqued the model for its denial of the embodied experience of impairment, instead emphasising the oppressive structures and barriers to inclusion (Shakespeare & Watson 2001). They argue that individuals become disabled by a combination of social factors and embodied impairments. Another critique relates to the issue of identity: as I have also found in this research older people in particular resist the label of 'disability'. For older people who develop impairments in later life this experience is usually relatively recent (in terms of their life course). This means that although it may affect identity to an extent, this has already been formed over a number of decades. Disability thus makes up only a small part of the usually diverse ageing experience and the older person's identity (Oldman 2002). In fact this research has also shown that participants reject the label of disability because this would then formally come to define them as a person, particularly in relation to service provision, but also in relation to social interaction. Although older people may experience impairments these are considered part of the *normal* ageing process (Shakespeare & Watson 2001). For the ageing individual thus arises a tension between their own experience of 'normal' ageing with increasing immobility, which leads to a relational understanding of mobility, and the hegemonic norms regarding the definition of impairment and disability which are absolute and do not allow for a reassessment of what is 'normal' in terms of bodily function. Participants in this research clearly rejected the label of 'disability' as not one participant referred to himself or herself as 'disabled'. Oliver (1996) raises the issue of the lack of representation of disabled people in the definition of impairment and disability by medical experts and social science researchers. Conversely it could be argued that in the context of participatory research an analysis of mobility in terms of 'disability' could only be justified if participants themselves identified with this definition. As evidenced in the above quote by Anthony and by others participants were clearly reluctant to see themselves as *disabled*. Anthony emphasizes that "there's nothing wrong with me" and that he "knows exactly how to deal with [restrictions] as far as [he] can". There is a thin line between being older and less mobile and being disabled, the border marker often being the individual's acceptance

of a material object related to disability such as walking sticks, scooters, wheelchairs or disabled badges. Many participants recounted their reluctance to resort to such aids to mobility because it would signify not only disability but also a loss of independence or a change in others' attitude (for instance pity or patronising attitudes). This reluctance is evident in Pat's and Agnes's statements:

> Friederike*: Is there anything that would help you get around?*
> Pat: *I suppose a little scooter would help, yes.*
> Friederike*: Have you looked into getting one?*
> Pat: *Not really, I keep putting it off.*
> (Stanhope)

> Agnes: *And it's a lovely little village but the reason I don't go down the village in the wheel chair is 'cos, people are so kind and they say: "What's the matter, Agnes?" You know: "What's happened?" And I just don't want to sort of give them all a sob story. I've been down about three times in my scooter.*
> (Lanchester)

As Imrie (2000) observes, the less mobile body becomes at the same time less human and more invisible. Agnes' experience illustrates this objectification of the disabled person:

> Agnes: *Albert took me to this festival – a flower arranging festival and it was quite wet, but they were in these marquees. It was like …boards laid along the grass you know, for you to walk on, but there was so many people that, that when I was on the scooter, I couldn't get off the board onto the grass obviously, 'cos the scooter wouldn't go down the boards, and people didn't like it and they weren't going to go off on the grass, because obviously they would get their shoes dirty. And I just felt a nuisance.*
> (Lanchester)

In terms of the ageing discourse this mobility/ disability dichotomy can only contribute to the negative and decline model of ageing. There is a sense which arises out of this research which indicates that the dominant discursive understanding of mobility is too narrow a concept, insufficient to encompass older people's experiences. It is the aim of this chapter to enlarge the concept supported through the analysis of older people's statements and perceptions thus allowing for a more positive and flexible understanding of ageing and mobility.

4.2 Mobility and meaning

Although the concept of mobility is often constrained in individuals' narratives and perceptions through its discursive association with disability, a broader understanding of mobility can be gained

from a careful analysis of individuals' statements and the context within which these statements are made. It quickly becomes apparent that mobility as understood by participants in this research transcends the more functional definition often employed by researchers studying mobility in old age which is often limited to the physical capabilities for carrying out activities of daily living (ADLs). In this section I shall be discussing aspects of mobility as they arise out of participants' perceptions and statements which result in a broader understanding of mobility. It may be useful at this point to bear in mind that mobility is not carried out in isolation, but within an environmental context (physical, social-cultural and structural) and always situated within the individual's life course. These contextual factors which influence or restrict an older person's mobility will be discussed in more detail in Chapter 5.

I defined mobility in Chapter 2 as the ability to move within one's environment. Although movement is integral to human existence, it is not done for its own sake but usually with a goal in mind, a purpose. Mobility in this respect is not independent from human lives and activities, it is usually the means to an end in everyday life and thus entwined with living. This functionalistic idea is captured in the following quote from a participant:

> Jenny: *It gives you the capability of just doing what you want, isn't it, you know, being mobile.*
> (Consett)

This capability which mobility conveys on the individual is strongly linked in Western society with independence from others and freedom from constraint which are highly valued. It is interesting to note again at this point the linguistic relationship between mobility as *capability*, which is linked to its dual opposite incapability or incapacity, another word for disability. It seems wherever we go in this discourse mobility cannot be considered without its opposite, immobility or disability which emphasizes the physical aspects of mobility. As I shall demonstrate physical mobility is far from absolute in its presence or absence, it is closely linked with what I have termed psychological mobility. Individuals' perceptions of their own mobility change with ageing and other personal developments which influence attitudes to life and thus the levels of mobility. Conversely restricted mobility may also change the ageing individual's perceptions of life and its priorities. These links will be further explored in Chapter 7 in the context of ageing.

4.3 Aspects of mobility

There are several different aspects of mobility which have emerged from this research. These are sub-divided here for clarity of analysis into physical and psychological mobility, although I would like to emphasize that there is a clear reciprocal relationship of influence between the two, of which most participants were themselves aware.

A. Physical mobility: 1) physical activity
   2) physical fitness
   3) going out, i.e. leaving the house
   4) getting around

B. Psychological mobility: 5) personality: e.g. being 'outgoing' and sociable
   6) life experiences and resources
   7) attitudes
   8) an active mind

4.3.1 Physical Mobility

Physical mobility is perceived by individuals on a number of levels, depending partly on personal experience and interests for which mobility is needed. The first of these is *physical activity*, such as walking, gardening, or doing DIY as illustrated by the following two statements:

> Anne*: I can walk and that's it, and that's what being mobile means to me- walking.* (Wolsingham)

> Charlie: *I like gardening and I did a lot of walking but I've had two knee replacements and I've got to walk to keep going. I usually take the neighbour's dog out regular, five days a week, but the dog had to be put down so I miss that kind of thing. I still try walking, but at the moment I'm having a bit concern about this right leg, it's 12 years since I had it done.* (Moorside)

Like Charlie, many participants expressed a concern for keeping physically active as much as possible, because of an awareness that it is vital for general well-being. Much of this activity relates to carrying out ADLs, but Charlie for instance enjoyed walking the dog without having a specific goal in mind. Others, mostly those who were older and thus less active had to content themselves with the memory of having been physically active as long as their age or health or other personal circumstances permitted. In the quote below Oliver refers to a time in the past when his wife was alive, indicating the importance of social aspects for physical activity (as with the dog and Charlie in the above quote).

> Oliver: *I used to like walking when my wife was alive; we would think nothing of walking from here to Teesdale and back again in a day. Twenty-two miles and that was at the age of seventy as well.*
> (St John's Chapel)

For many older people having company is a strong motivator in being physically active. For some it may even be a necessity, as Janie's quote shows:

> Janie: *Well, I can go out when I want to go out but I don't always want to go out because sometimes I find that I go out on my own and I lose my balance. I fall over, I might break a hip, so my son likes to be with me if I'm going anywhere, he takes me and he watches me and he takes me to go and see my sister.*
> (Rookhope)

Physical activity refers to the actual bodily act of carrying out the activity itself, it does not refer to the goal related to the activity or its environmental context. It is this aspect of mobility which ageing individuals often refer to when talking about restrictions imposed on them through ageing or ill-health. Typically participants say: "I used to…, but now I can't…".The quote below describes this loss of physical mobility:

> Harold: *I know what my wife's like and she's less mobile than she was and being less mobile, I can say what being less mobile is, it means taking ten times longer to go in and out the car, it means using both hands to get up the stairs whereas before you ran up two steps at a time.*
> (Stanhope)

It is interesting to note that physical activity and mobility are often linked to references of time in participants' accounts. Above Harold refers to his wife 'taking ten times longer', and not being able to run, indicating not only the former physical ability to do so, but also a sense of 'quickness', of being alive. A lack of mobility in this sense conveys a lack of vitality and a lack of enjoyment of life.

Ill-health and not necessarily ageing are at times the cause of restricted physical activity (Mollenkopf 2003). These restrictions can affect the most minute details of living, not only in reference to walking but also other activities as the quote below indicates.

> Jenny: *So, now [my husband] he's got [arthritis] in his shoulders, his neck and his back and his knees. He's got two false knees, two false hips like a little robot, bless him. It's frustrating because with the arthritis he can't grip anything, so he's constantly dropping*

> *things, he can't bend down to pick them up, so it's keeping me fit to do all this bending and stretching and looking after him.*
> (Consett)

The frustration which Jenny describes encompasses both her husband at his own lack of ability and herself as someone who has to look after him as a carer. Physical activity is thus strongly related to the individual's health status as well as their age. Although participants expect a general 'slowing down' with age, many find their lack of physical activity frustrating. As the above quotes regarding participants' understanding of physical activity illustrate, this aspect of mobility is linked to an increasing awareness of the embodied nature of mobility particularly through the *absence* of the ability to be physically active compared to previous capabilities. Harold's quote is illustrative of this because his definition of mobility is explicitly based upon the absence or lack of mobility in his wife. Activities which used to be 'easy' now require special effort or cannot be carried out at all. Mollenkopf (2003) also found that decreased capability among older people was linked to dissatisfaction with their own lives.

4.3.2 Physical Fitness

The second level and one which was largely expressed by younger participants related to *physical fitness*. Those individuals were not only physically active, and had been so for much of their lives, but they continued to consciously pursue interests and hobbies which gave them a sense of fitness, such as extensive cycling and running or regular fitness training as illustrated by the following:

> Harold: *To keep mobile I find that I have to force myself whereas when you were younger you can get away with it, just three weeks off and not bother and come back as if nothing had happened. If you have three weeks off exercise and you're my age, it's putting you back ten years.*

> Harold: *I enjoy about a 30 mile bike ride over moors on my own in the howling wind usually.*
> (Stanhope)

Physical fitness is here the main aspect of mobility, which is the result of a continual process and effort to keep up a level of fitness, which allows Harold to carry out his favourite past time- cycling over the moors. Harold is still able, despite ageing processes, to keep up a very high level of mobility through constant exercise and practice. Not everyone has had to become conscious of their own ageing in relation to physical fitness. The quote below indicates that Donald who is very fit, has in this focus group session become conscious of the effect of his own ageing on fitness and mobility for the first time:

> Donald: *The big thing that I've noticed in here is that, because I'm still relatively mobile, well, very mobile, I go out for a six mile run three times a week, I do that, so surely there's going to come a day when that stops, isn't it and it's going to hit me hard because I won't be mobile anymore.*
> (Copley)

For Donald (who is 58 years old) and at this stage in his life, mobility is equated with an ability to run six miles. He fears a future in which he will be unable to run and thus be 'immobile'. It seems that unlike Geraldine in the quote below he has not yet experienced the physical limitations that age may bring.

> Geraldine: *I joined the club with Clara and we go to the Gym once a week. There's no age difference if you're fit and able you can do those kinds of things. It's just you've got to sort of learn what, you've got to realise even if you don't want to realise, you've got to realise that your body doesn't do exactly as it did 30 years ago and take it easy, but you can still keep it up.*
> (Wolsingham)

Geraldine considers herself fit in spite of some physical constraints relating to age. Fitness thus begins to become a relative, rather than an absolute concept for the individual: Fitness and mobility as relative to the individual's age and circumstances. Geraldine also expresses the tension between the ageing physical body and the self that very reluctantly has to acknowledge the constraints of the physical body. This tension may partly be resolved through the re-appraisal of the meaning of mobility and fitness by the individual. Motivation becomes a central aspect of maintaining mobility once physical mobility cannot be taken for granted anymore. This is an aspect of 'psychological mobility' which will be explored in sections 4.3.5 to 4.3.8.

4.3.3 Going out

A third aspect of physical mobility is the ability to *get around*. This is closely linked in participants' narratives with *going out.* Participants rarely referred directly to their own mobility *within* the house (with the exceptions above which refer to a spouse's mobility). Although there is some overlap between the use of the two expressions, in general *going out* refers to the act of leaving the home or house. Going out implies a state of being in space, in this case outside the home. In addition it also gives a hint of the underlying motivations for leaving the house. These motivations range from having to do the shopping, visiting friends, taking part in community activities to walking the dog etc. Although each of these motivations may in themselves be perfectly sufficient to induce an individual to leave the house (they may be necessities of daily

living), in many cases the motivation also goes deeper. Underlying the wish to leave the house is often a desire to connect with the world, both physical and social. This applies in particular, but not exclusively, to those older people living alone. Going out connects the individual with the rest of the world, thus making him/her feel alive and part of a community. It also provides a 'change of scene' through the oscillatory movement between home and outside which has been noted by other researchers as contributing to well-being and a sense of identity (Peace *et al* 2005). Where this choice of movement is constrained, individuals can feel trapped in their own homes as described by Thomas:

> Thomas: *But when you're fastened in that home, it doesn't matter, it could be a palace, it could be a 5 star hotel, if you're stuck in it, it's exactly the same as being stuck in a prison cell and it's very easy to get into that routine of feeling down. And that's what old people do: 'Oh I don't feel like going out for a walk, I don't feel like going out and mixing' and even when it comes round to the summer time, when the weather's nice 'I don't feel like moving out of the house' and unless someone actually physically goes in, talks to them, says: 'Get yourself out for a walk' …And its easy to get into that downward slide or locking themselves away.*
> (Copley)

Thomas speaks firstly about his own experience as a carer for his wife, and the effect this has on his own well-being and mental health. He links the lack of mobility outside the home with his own experience of a downward spiral of despair and hopelessness, also observing among others the lack of interest in socialising or the outside world at large as it relates to a reluctance to go out. The mental state of the individual is here again closely linked to physical mobility. A certain mobility or openness of mind, i.e. an interest or curiosity regarding the world and a feeling of connectedness with the social and physical environment, are a prerequisite for motivating people to continue to interact with the community they live in, even after their established roles in society and family have ceased (Rowles 1978). Matthew describes what can happen if older people lose their will to connect with the world:

> Matthew: *There was a guy I know in Leadgate: he lost his wife and he never moved out of the house for nine months. You have to get people out of that attitude. How you do it that's another story.*
> (Consett)

4.3.4 Getting Around

Getting around then refers to movement outside the home, getting to places and doing things while using different means of transport. It relates to travelling. Getting around implies an interaction of the individual with their physical, structural and social environment which enables (or at times

disables) the movement through space. Although many participants walk locally, a form of transport is of paramount importance for getting around beyond the local area. In this aspect of mobility individuals most frequently express a 'functional' type of meaning for mobility: It is a means of getting from A to B, an overcoming of distance in space (Cresswell 2001). The journey itself, i.e. the movement through space, is important only insofar as it is convenient, safe, quick and comfortable. The exception being accounts of tour coach holidays where people enjoy the journey in itself because of the sights encountered en route and because of the company of others in the coach. Here participants emphasize the aesthetic and affective aspects of travelling (Jensen 2009). For the most part people take their means of transport for granted, their choice depending on what they have been used to and what is available: cars, buses, taxis, walking. In all of these options the most important priority is the maintenance of independence as the following illustrates:

> Sarah: *Mobility is independence. If you've got all your faculties and everything you're able to do things whereas if you've become reliant on other people, you do need help from any source you can get.*
> (Wolsingham)

But for some participants, such as Maureen below, convenience is more important than maintaining independence:

> Maureen: *Wherever I went, my husband did all the driving, because I haven't been able to drive. Once he died, the family took over, so my daughter is always available in the mornings to take me wherever, you know. Occasionally I've got a taxi, because I think: "Oh I'm not going to bother hanging around waiting for buses". Just get a taxi there and a taxi back, which isn't very often, because I'm always told: "Wait until I'm available, I will take you up and I'll bring you back."*
> (Moorside)

This quote also illustrates some of the gendered aspects of mobility. As many older women do not drive, they are dependent on others for many aspects of their mobility. Siren and Hakamies-Blomqvist (2006) discuss women's personal mobility in relation to lower levels of driving and note that older women are therefore more reliant on their own good health and on others to get around. This was also notable among participants in this research- access to a car was much higher for men than for women. Gagliardi *et al* (2007) found gender differences in the types of activities older individuals engaged in which also related to mobility levels and mobility resources. Men were more likely to be active in sports and hobbies outside of the house, whereas women were more likely to engage in social activities and activities within the home.

As people get older their circumstances may change, or the provision of transport may change, thus altering the available choices. This can be a traumatic event for people and temporarily restrict their ability to get around, or in some cases even to leave the house altogether, as Robert's and his wife's account shows:

> Robert*: I've just had a medical condition [diagnosed] and the medicine that I've taken has deprived me of my driving licence and it is the most shattering blow I've ever felt in my life . …There's no return and I've found it very difficult to come to terms with. One of the penalties of living and I wouldn't wish it on any of you to have that trauma.*
> Friederike*: So how do you get around now without [a car]?*
> Robert*: I don't get around*
> Sue*: Why naturally he feels very disappointment when that happened and realised that it was going to change our lifestyle an awful lot.*
> Friederike*: So it affected you in the same way as you husband?*
> Sue: *Aye, but I didn't grieve about it as much as [my husband] did, really. There's always a way isn't there, really, with having to …*
> Richard*: I would go so far as to say that you women folk can stand it better than us men folk.*
> (Middleton-in-Teesdale)

Particularly the loss of a car is felt very strongly, as it affects the whole lifestyle. In fact, a car is a necessity in many rural areas where public transport is minimal or non-existent, and taxis expensive and hard to come by. It has to be noted though that often where people are motivated to go out, they are astonishingly versatile in working out alternative means of transport. As one participant says: "Human beings are very adaptable" (Andrew; Gainford). As in the quote by Maureen above, family and friends play a vital role in providing transport. Others have to get used to public transport after having owned a car. The last quote gives a hint of some further gendered aspects of mobility: in terms of attitude, women are often perceived to be more resourceful in coping with obstacles to mobility than men. These aspects of mobility and their effects on older people's lives will be explored in more detail in chapter 5 in the discussion of life course, environment and obstacles to mobility.

4.3.5 Psychological Mobility

Psychological mobility is harder to define than physical mobility, because it encompasses many aspects of a person and his or her life. It is characterised by a certain flexibility and openness in the personality and mental attitudes of the individual (or in disposition) (Frello 2008; Mickler & Staudinger 2008), such as those mentioned above: a curiosity and interest in others, a will to connect socially or emotionally to the community and world at large. Researchers have found differences in mortality and well-being among older people for different personality profiles and

different levels of social integration (Gerstorf *et al* 2006). Ostir et al (2000) for instance found that positive affect was significantly linked to the maintenance of mobility and functional status among older people over a two-year period. Like other aspects of personality, psychological mobility is not to be found in any particular level of the person, but is on the one hand inherent, and on the other nurtured through education and life experiences and thus permeates the whole person.
Psychologists tell us that in ageing the individual tends to lose some of his or her mental flexibility, agility and speed in processing sensory information (Stuart-Hamilton 2006). Cognitive functioning and perceptual speed slow down with age but this decline can be considerably slowed through activity engagement (Ghisletta *et al* 2006). This active engagement may well be contributing to the perceived well-being of the individual which has also been linked with enhanced cognitive functioning in old age (Hoppmann *et al* 2007). Participants in this project express this link between well-being and active engagement and between mental health and physical mobility in their own words. For the purpose of this analysis I have categorised the different aspects of psychological mobility according to the context in which they have been mentioned. They refer to the various aspects of an individual's person: personality, life experiences, attitudes, and the mind. All of these are of course closely linked and subject to continual influence from outside factors. None of them are fixed in time or space, in the same way as the individual himself of herself is still subject to change even in very old age (Tornstam 2003). In the following section I discuss details of the various aspect of psychological mobility and illustrate these with evidence from participants' comments and narratives.

Individual difference in personality or disposition are one aspect of psychological mobility: some individuals are naturally outgoing and sociable, others are more reserved and enjoy solitude, or they find socialising difficult through a lack of confidence and a lack of coping strategies. The term 'outgoing' is particularly pertinent here, because it describes a personality trait through its resulting action. Those individuals who are 'outgoing' will go out, i.e. leave the house in order to seek out the community of relationships which are available, grasping any opportunity that may offer itself to socialize, enacting community and re-affirming social bonds thus building a basis for support in ageing or difficult times. This is illustrated by Donald's comparison between his own and his wife's personality:

> Donald: *She's very shy, my wife, very shy and if I don't go somewhere she won't. Where I'm not bothered, I'm a bit like [fellow participant], we're quite outgoing people and I would come to allsorts on my own. Just enjoy myself. There's always someone to talk to. That's the good thing about [this village], the people are very, very friendly and if you come to a social function here there's always somebody will come and talk to you if you're on*

your own. Or even the street, you can't walk past someone in the street, they'll pass comments.
(Copley)

Others may have always been active in the community, engaged and sociable, but are finding that with ageing this takes on a different dimension. The quote below illustrates that Charlotte continues to be socially active in order to avoid loneliness. There is also a temporal awareness, an uncertainty regarding the future and what it may bring, although the expectation is that ageing will bring severe restrictions in mobility as illustrated by the following exchange:

Charlotte: *I'm generally you know, involved in a lot of things really, simply because it keeps me active and I could I suppose just sit at home and vegetate, but I don't want to do that. I want to keep going as long as ever I can. I have a garden at the front of the house and I do that myself, which I enjoy when the weather is fine. I like being outside and [this] is a lovely place to live, so I consider myself extremely fortunate because I have a lot of very good friends and neighbours who are very kind to me, including Caroline's daughter, so I have a lot to be thankful for.*
All: *We all have.*
Caroline*: But as I've said before it's what we make it.*
Charlotte: *Exactly, we could just go in and shut the door and that would be it, but we don't do that, we try to be outgoing.*
(St John's Chapel)

Personality is also closely linked to coping strategies and resources individuals employ in stressful situations. According to psychologists Holahan, Moos and Schaefer (1996) dispositional factors such as self-efficacy, optimism, hardiness, a sense of coherence and an internal locus of control are strongly related to coping well with stressful situations, such as illness or loss as they contribute to resilience. A high degree of self-efficacy for instance has been linked to the individual approaching challenging situations more actively and persistently (Bandura 1982, 1989). These personal resources are often combined with social coping resources, such as emotional and other support from family and friends. Resources for coping with obstacles to mobility will be discussed in more detail in Chapter 5.

4.3.6 Life experience

Personality may to a degree shape life experiences. For instance, an outgoing person is likely to be exposed to more opportunities in life than a retired and shy person. In this way life experiences may confirm an individual's identity. Adverse life experiences on the other hand may constrain the individual in his or her personal development and effect bitterness or disappointment with life in an older person leading to a withdrawal from society. The case study of a seventy year old female

participant with severe arthritis illustrates the accumulative effects of adverse life experiences on the individual older person and her mobility. At the time of the interview Agnes could walk slowly within the home using a stick (and a stair lift), but needed a scooter or wheelchair for getting around outside the home.

A very unsettled early childhood spent moving between places during World War II combined with being an only child has made Agnes very self-sufficient and reluctant to ask for help. She recounts the experience of as a child seeing her paralysed grandfather struggling stoically and takes this as an ideal for her own coping with ill health and chronic pain.

> Agnes: *'Cos you know, [other people] got their own worries, they don't want to be listening to anybody moaning on 'cos I think it's a type of thing you know, that you could become a whinge. It's a type of thing, you start to whinge, I don't think you'd ever stop you know, you're always encased in pain and I don't know, 'cos my granddad you know, he went down the colliery to survey this work and a stone graft dropped on his spine and he had, and it broke his spine. And my grandma, he was sort of brought into the house and they said, you know, he'd never, if he lived, he would never walk again, but grandma said: "Well, he's going to live and he's going to walk again". And she turned one of the bedrooms upstairs into a mini hospital and she got, you know, bedpans and feeders and all sorts of things. And it took six years, but with manipulation, my grandma manipulated him and everything and he was in a wheelchair for six years, but he used to have these straps and he had this big horsehair spinal jacket with straps, he was like a rag doll when he used to get out of bed, you know. He was like this and he used to sort of, I used to watch my granddad being strapped into this spinal jacket and he used to walk with two sticks …He was a big 6ft man and he was all curled up like this you know and I think, growing up with my granddad and seeing how he was very stoic and very, you know, matter of fact, he bore his self, you know, with dignity, I think it was a good yard stick. I think it really, I admired my granddad so much that it was, I dunno, I think I'm bad at times, but seeing granddad, seeing how he used to get, you know, walking …..…*
> (Lanchester)

Because of her severe pain and restricted physical mobility Agnes has asked her husband for a household help or cleaner but he refuses this. A paid help would be the one type of support acceptable to (a generally independent) Agnes as her husband offers only limited support. Her disappointment at his refusal is evident in the following extract:

> Agnes: *My husband's a roast beef and Yorkshire pudding man but he can't cook. He can't. If you were ill, there's no way you'd have a meal 'cos he just can't, he hates it, he hates being around cooking. No. He doesn't like that. I'm finding it very difficult to do housework now, but he will not get anybody in to help me. You know I'll say: "Why?" and he'll say: "People will think I don't look after you". But I said: "But, you know, you don't." "I get myself ready on a morning, I make all your meals", and he just loves being in his garden and I'll say: "Well, I can't understand why you won't get anybody in to do the house work, or even help me do the house work". 'Cos I've always liked my house clean.*

(Lanchester)

Agnes experienced the first severe disappointment in early adulthood when she had to give up her chosen profession for health reasons as described below:

> Agnes: *I was a hairdresser and then, because I had bronchiatosis, I couldn't stand the solutions, they were really knocking me for six. And it was what I always wanted to do, you know, from being a little [girl], I always wanted to be a hairdresser. So obviously because this is what I wanted to be I didn't train for anything else, I wanted to be a hairdresser. And I worked, I was a hairdresser for a year, but my health was really deteriorating with this solution, working amongst the heavy chemicals, it was affecting my chest so I had to leave.* (Lanchester)

Later, she experienced severe arthritis, which has stopped her from carrying out her favourite hobby, flower arranging, as this requires a certain physical mobility, not only for organising the different implements, but also buying flowers, kneeling on the floor to do the arrangement etc. With difficulty she still manages to carry on with her other creative hobby, card making, because it requires less physical movement and organising. The following narrative gives a flavour of Agnes's past devotion to flower arranging:

> Agnes: *I've still got all my mechanics 'cos I used to be a demonstrator as well and a judge. But they have, if you want to extend its height, you want to extend these flowers on these long tubes, you push them into the oasis and then they act as a vase, on top of another vase, on top of another vase. I mean my whole house upstairs is, in the front room I have it all wardrobed out and I've got all my, I just don't want to part with them, I can't obviously now, the way I'm held, I can't arrange flowers because… I used to like to do them.* (Lanchester)

Because this hobby had been an important aspect of her life and identity, Agnes has kept the objects as a reminder of a more active past although they are now of no use to her. They are a reminder of the pleasure she used to feel when arranging flowers, a reminder of a happier past when she was more mobile.

A daughter, who is herself a busy professional, seems to be the only source for emotional and practical support for Agnes. The daughter is also the only relative that she will accept help from. Agnes spends time regularly at the school where the daughter teaches, helping in the classroom, her only social contact. In this context the invalid does not mind being seen in a wheelchair. In relation to other villagers she has become something of a reclusive because she fears their pity and she feels

a burden because she needs special help in getting around as the following and the extracts in section 4.1 on *Mobility* illustrate.

> Friederike*: Are you still involved with any of these things [church and guides]?*
> Agnes: *No. No, I find now that I'm starting to get a bit reclusive… I've been down about three times in my scooter but I don't…I just wouldn't like to go down in the village in a wheelchair. Plus the fact you see, to get in and out of these shops it's all steps and the shops in Lanchester are so tiny that you couldn't get round and you don't want to make yourself a nuisance. So no, I don't go down the village….No. I* …[Crying]. *I don't want to be a nuisance to anybody.*
> (Lanchester)

Agnes, rather than considering others' sympathy as a source for support, has come to regard it with dread, thus avoiding social situations where her disability is obvious. This attitude may to an extent be also influenced by the British culture of being 'private' and not showing one's feelings, and not being dependent on others, which has been particularly apparent in this study among participants from middle class backgrounds. Individuals' attitudes and experiences are also shaped by discourses around independence which will be explored in section 4.4. The above extract can be seen as the accumulative result of a complex inter-weaving of personality and life experiences which have trapped Agnes in her own persistence on independence when an admission of help needed may have saved her from being lonely and may have elicited many offers of assistance and support. The only acceptable form of help of a paid cleaner, is unacceptable to her husband, and thus denied her. A combination of mental attitudes, experiences and physical disability have resulted in her becoming reclusive from physical and social contact with the outside world. Social isolation and lack of self-confidence have been reported by other researchers as not uncommon among older people who experience chronic ill-health or disability (Arber and Ginn 1991)

Another way of approaching this aspect of psychological mobility is by looking at habits which are formed over the life course. The expression of habitual behaviours is again the result of personality, life experiences, opportunities and constraints. Habits are formed where behaviour is repeated and are paralleled by habitual mental processes such as attitudes. Habits can be formed because they are comfortable or convenient, or because they are necessary. An example of the first is expressed by Maureen in the quote in section 4.3.2. She habitually would rather wait for a lift than make her own arrangements, even if this compromises her independence and freedom. Over the life course these

habitual behaviours become normalised by the individual, and therefore the standard from which to judge deviations. For instance, for those living in very remote rural areas (where the buses ran three times a day to the nearest village) a bus service was greatly appreciated and not taken for granted because always under threat of closure. In contrast, people living in other, previously well- serviced areas, commented on the reduction of buses from every 10 minutes to half-hourly as a constraint in getting around. This is illustrated by the following discussion between two participants:

> Arnold: *I remember when I first moved to Delves Lane there were buses every 10 minutes, well, when I moved with my parents, we moved to Oldhall Road and you could either get the Crookhall bus or the Delves Lane bus so whenever you turned up virtually there was one there, and it used to cost tuppence in old money. …*
> Joanne: *But they are trying to encourage people to use public transport. They say: "Don't use your own car, use public transport", but public transport isn't there for you to use. The convenience of it isn't there. Even if [the buses] came within 100 yards of where you live, people would use it more, but they don't.*
> (Delves Lane)

Another example of the habitual forming of mental attitudes relates to the use of public transport by those who have always done so compared to those who have had to give up driving. There is evidence from this and other research (for instance Mollenkopf *et al* 2003) that individuals who had to give up driving are less likely to go out, partly because they are unfamiliar with using public transport, but also because of an unfavourable attitude towards public transport in general regarding it as inconvenient and unreliable (compared to driving your own car).

> Joanne: *Well, I don't very often use public transport I've never ever yet caught the bus from [village] up into Consett. I've gone from Consett elsewhere on the bus, but I've never caught the bus from here. Mainly because I don't know the times of the buses, I don't know which bus to get or anything*
> Joan: *Or which side of the road to use.*
> (Delves Lane)

In this way actual daily mobility practices can shape individuals' psychological mobility patterns. Those who are used to driving a car become accustomed to the convenience, comfort and independence this affords, supporting a self-reliance. On the other hand those who rely on public transport have to shape their daily mobility practices in accordance with the availability of transport options, and are at the mercy of the whims of bus companies and bus drivers, thus experiencing dependency on public services. These experiences can be shaped by uncertainty and discomfort

which demand different types of flexibility (and thus *psychological* mobility) from the individual in planning their daily lives as illustrated in the quote below.

> Pauline*: I mean, I rely totally on the buses, although I do like walking and when it's a nice day I can walk up and down to Consett, you know, but if we go on day trips and things like that, you sometimes, it's the connection times, to sort of go to Stockton or anything like that, you've got to get the Durham bus from here to Durham but then you just, say miss it, I know we can't do anything about that, but you just say miss it and you've got another 55 minutes till the next one. But I do think they are starting to put two on an hour now to Stockton. But you do sort of waste a lot of time, but you've just got to be patient and think: well, you're having a day out, and it's part of your day out, you know.*
> (Delves Lane)

4.3.7 Attitudes

An individual's attitudes are shaped by a number of influences, among them personality and life experience, as well as others, such as social roles, gender, socio-cultural background and education. Many of the quotes above illustrate the close reciprocal relationship between attitudes and physical mobility. Pauline's patient attitude is shaped by her prior experience of the unpredictability of public transport, an almost fatalistic attitude in the face of events which she cannot control. Psychologists argue that in this type of context cognitive re-appraisal, i.e. a change in attitude, may be the most appropriate response in coping with a stressful situation (Holahan *et al* 1996). Pauline has learnt not to let the long wait for the bus spoil her day out, she has found a way of integrating it into the whole day by changing her attitude from what might once have been frustration to what is now a patient endurance.

In contrast, the quote from St John's Chapel (in section 4.3.5 *Personality*) illustrates Charlotte's active engagement which shapes her own destiny through her attitudes and actions even in old age. The ageing individual has it in their power to make the effort to engage in social activities thus remaining mentally and physically active. Underlying is the implication of the close link between mental and physical well-being which becomes apparent in people's attitudes to going out and to socializing.

The most important aspect of maintaining mobility is the motivation to go out, which comes from a person's self- again demonstrating that psychological mobility is necessary to motivating people to remain physically active. The quote below illustrates how the lack of this motivation can lead to a disconnection with society.

> Donald: *We put a few things on at the village hall don't we, we got films about once a month, a quiz night, things like that, but the lady next door to me, Jenny, she lives on her own, her husband died some time ago and she pays us money for Saturday nights. We had a dance on Saturday. She gave us the money for it but she says "I won't be coming because once it gets dark I lock my door and that's it." I said "Well, come along and sit with us."*
> Thomas: *You would be amazed how many older people lock their doors and go to bed at about 7 or 8 o'clock at night.*
> (Copley)

Fear of going out in the dark was often mentioned by participants, or if not fear, then certainly an avoidance of going out in the dark, unless absolutely necessary. Night vision deteriorates as people get older and many participants therefore avoided driving in the dark. But beyond these physiological obstacles Donald and Thomas offer insights into other obstacles: they blame the media for distorting the dangers lurking for older people outside, such as being mugged, thus chaining some older people to their houses even in remote and peaceful villages without any past incidence of crime. The quote above also seems to indicate a lack of perspective by Jenny for her own personal future; in the following quote Thomas discusses the temporal aspects of older people's attitudes in the village:

> Thomas: *And so people that are locked in their own homes and very rarely get out it must be a terrible drag for them. You hear them say silly things like "Is that all the time is?" as though they are clock watching their life away, you know: "Is that all the time is?" Where you're saying, it's great to say "Oh heck it's 5 o'clock, it's 6 o'clock, and I haven't done this and I haven't done that." That's what life is about, not having enough time in life to do all you want to do or you lose the will to do that.*
> (Copley)

The lack of contact with the outside world which is here associated with staying indoors arises out of a lack of motivation to leave the house, either for personal reasons, such as the loss of a partner, or because of a lack of opportunities for socialising in the local area, such as shops, post offices, or community centres. With the lack of physical movement and the lack of interest in the outside world the individual's perception of time also slows down, it 'drags'. Their life lacks a future perspective and a purpose or meaning and as a result the older person can loose the will to live. [3] Being physically and psychologically mobile thus yet again becomes strongly associated with meaningful *living.*

[3] Some researchers argue that the lack of future perspective is a coping mechanism in very old age, which helps people to stay in control. As a result long-term goals are re-defined to a more present-oriented outlook as individuals come to terms with their own mortality (Johnson & Barer 1993).

4.3.8 An active mind

In many accounts by participants there appears to be a 'hierarchy' in the meaning of mobility. Often individuals refer to the link between being physically active and mental well-being. But where individuals have lost some or most of their physical mobility they stress the importance of remaining mentally active. Mental activity is the last aspect of psychological mobility which shall be discussed here. There are two main ways in which participants refer to being mentally active. The first is similar to what was discussed above- a general open-mindedness, an attitude of being interested in the world and defending one's own interests in the face of adversity as Nancy's quote illustrates:

> Nancy: *As I say, mobility doesn't affect me in any shape or form. I'm quite alright really. It didn't occur to me at all really. I have a happy life. I'm quite cheerful. We've plenty of friends come to the house. We've got loads of company. We're not lonely. And we're interested in all affairs, politics, everything. Our minds are active, and we complain and we keep our minds active to see what's going on in the world. As far as we can, we enjoy life and make the most of it.*
> (Consett)

Interestingly, Nancy, whose husband is severely physically disabled, had just a moment before begun to talk about the many problems facing them in getting around. She then obviously changed her mind and instead began to speak in a more positive way about their lives and what was still open to them. (Maybe she did not want to be seen by others as someone who 'whinges' about life). She thus redefines the meaning of mobility from a definition based on physical movement to one based on social engagement and mental activity. With the one proviso 'as far as we can' the whole statement is very positive, almost forcefully cheerful in her attitude. (This professed enjoyment of life is partly contradicted by the statement 'we complain', because surely their life cannot be all happiness if they find reasons to complain? Or could complaining be seen by them as part of their rights as citizens? Some of the comments that follow on seem to support this assumption.)

Individuals adapt the meaning of mobility to their own circumstances. Because mobility is such a vitally important concept in western culture with its association with independence and living a meaningful life, it is constantly re-defined to maintain its validity. In the circumstances where physical mobility is limited, mobility thus becomes a state of mind rather than a physical movement.

The second meaning of an active mind is more associated with the functional aspects of the brain, such as memory and mental alertness. The quote below demonstrates the conscious effort many older people such as Alan make to remain alert through activities such as reading:

> Alan: *The other thing is I try and keep my mind active, I read a lot. I get three library books out every three weeks. I try and do the crossword every day in the local paper.* (Witton-le-Wear)

Some loss of memory (or cognitive function) is a common experience among older people. This can be a trivial incident at home, or embarrassing in social situations, or it can be frightening in that with the loss of memory the individual actually begins to lose control over his or her life as the following exchange between Nellie (aged in her late 80s), Cornelia, who is in her 90s, and Rose, who is in her 60s, illustrates:

> Cornelia: *My mind is going. Yes, well, I can talk to people that I've known for years and year and then if I have to introduce them, I forget the names.*
> Rose: *We all do, I think.*
> Nellie*: I can do rather stupid things at home. I once tried to put a shovel full of coal in the refrigerator. I just stopped myself .*
> Rose: *Because you lost concentration.*
> Nellie: *Well, obviously yes, your concentration does go.*
> Cornelia: *Everybody has lapses of memory, yes.*
> Rose: *I know it must be frightening though when you feel like your memory is going. It does tend to scare you a lot, especially when you've been a lady who taught and you've had to use a lot of your brain, it must be hard.*
> (Gainford)

Beyond the mere physiological aspect of maintaining a functioning mind, memory in this context is also closely associated with identity and the continuity of the self. Apart from physical decline participants expressed a fear of 'losing their minds' through ageing processes such as dementia, as this would be losing a sense of self. A sense of self-identity is also vital as a pre-condition for conscious engagement with the world and the maintenance of social relationships, and thus for psychological mobility.

4.4 Mind and body, and the relationship between physical and psychological mobility

Much of the discourses around mobility and ageing deal with the increasing loss of control over one's body and mind through the ageing process. Although individuals stress the important balance between mental and physical processes which make up the whole individual, there is a sense that increasingly with age these processes become disjointed and unbalanced, leaving the individual

with an identity gap and frustration at the lack of control over these processes. Some of this lack of control is expressed in the following exchange:

Ruby*: It's a shame if your mind, that's the one thing I would hate to happen, for my mind to go.*
Hanna*: Sometimes the mind's willing but the body's not.*
(Rookhope)

Gerontologists have often focussed on the physical aspects of ageing and the resulting gap between self and the body as is also illustrated in the above quote. The mind, or self may be perceived as whole, continuous and young , but the body ages and declines, which can then lead to a perception described as the 'mask of ageing' (Featherstone & Hepworth 1991), a split between the inner self and the outer body which becomes alien and uncontrollable. We may then have to conclude that the influence which attitudes and frames of mind have on physical mobility is limited by the embodied experience of ageing. But rather than conceptualising body and mind as opposites, one trying to control the other, the evidence from this research suggests a more subtle relationship between the two aspects, one that is more appropriately likened to body and mind as two aspects of a continuous whole, closely entwined. Throughout our lives we continuously work to preserve a certain balance between mind and body to support our sense of 'being in the world' and our interaction with the world. For much of our lives we would then expect to find a certain amount of consistency between our mental attitudes, behaviour and experiences, which make up psychological mobility, and the patterns of physical mobility displayed by the individual, unless there are significant constraints such as an impairment or a disability. I would go so far as to argue that individuals have a strong need to maintain a harmonious relationship between their body and mind as both are constitutive of a sense of self. But something occurs in the ageing person that may threaten this balance or consistency between mind and body. In our Western culture where the emphasis is generally on the physical body rather than the inner self, the process of adjustment is determined by the priority given to the decline in physical mobility with ageing (Faircloth 2003). An adjustment has to be made in terms of coping through a change in mental attitude, such as expectations and outlook. In other cultures researchers have found that ageing is not primarily perceived as a process of decline (Keith *et al* 1994). As illustrated in some of the quotes in this chapter, people actively engage with and imagine their old age even while still younger and mobile. Although there may be some uncertainty in what old age may bring, there is evidence that those who engage with the future in this way are better able to cope with changes in ageing (Appleyard 2009). In this sense one could say that the person mentally prepares himself or herself for a decline in physical mobility, the mental changes thus preceding the physical ones. I would argue that an actively imagined future is

vital in maintaining psychological mobility. This links to individuals' perception of time. As the quotes above show, where individuals perceive time as standing still or 'dragging' there is little mental or physical engagement with the present or the future.

The above discussion of physical and psychological mobility and its aspects shows the complex interplay of the embodied interaction of the individual with his or her physical and social environment and the engagement of the self with the world. Environmental gerontologists have been studying this interaction for many decades, and have mostly framed the nature of the interaction in terms of adaptation or adjustment of the individual to an increasingly restrictive environment. Rowles for instance refers to the interaction as being a state of *dynamic equilibrium* characterised by internal consistency:

> *At any one time the state of adjustment maintained by the person, is at the same time, an expression of who he* [sic] *is, where he has been, and even where he would wish to be.* (1978; 196)

The author here also points to the continuity of the self in his/her interaction with the environment from the lived experience of the past to an imagined future which Rowles terms 'geographical lifespace'. An adjustment has to be made because of inherent tensions between the individual's capabilities and the opportunities and constraints provided by the environment. Rowles identifies three responses to this tension: *constriction, selective intensification* and *expansion*. The first refers to the increasing limitations regarding the expanse of lifespace and activity with ageing; the second refers to a re-orientation of attitudes and feelings towards particular places, for instance an increased sensitivity to gradients; and the third refers to the enrichment of the older person's geographical experience through 'fantasy'. Rowles argues that changes in activity precede changes in attitude and feeling. According to the author the environment and its constraints will prompt a re-assessment in the individual. Similarly Peace *et al* (2005) in their research on identity and the home environment consider older people's adaptive behaviours to 'environmental press'. This adaptation may be through 'option recognition', a process which allows the individual to maintain their attachment to place in spite of a decline in competence. According to the authors, adaptations may be behavioural, environmental or cognitive. Both approaches could be criticised for making the individual the passive recipient of environmental 'pressures', with which he/she then have to deal as best they can. I have been arguing above that this process of adjustment is more subtle and often begins before environmental pressures come into effect as the individual considers his or her own future and ageing. The adjustment has to be considered the result of a continuous mental and physical engagement with the environment, it may never be finished or completed (as the term 'adaptation' would suggest), but continues until the end of a person's life. Both psychological and

physical mobility are required for this adjustment process. Where individuals have withdrawn from physical and mental engagement with the world they have also halted this dynamic interaction and continuous process. Literally they are standing still- time is not moving for them, as expressed by Donald and Thomas in their discussion of some older people in Copley (section 4.3.7 on *Attitudes*).

In conclusion, it is essential to emphasise the inseparability of the psychological and physical aspect of mobility in the context of ageing. Ideally I would like to go so far as to be able to develop a new concept which encompasses both aspects within a holistic framework which would make the distinction between psychological and physical aspects of mobility unnecessary. This would have to be based on a holistic understanding of the human being which transcends the dichotomy of mind and body. The above analysis is handicapped by the dichotomous discourses surrounding body and mind, which restricts the analysis to the terms of psychological and physical mobility based on the Cartesian duality, and leaves the researcher to struggle with an understanding of the nature of the relationships between the two aspects of human existence. Nonetheless I would like to emphasise the importance of psychological processes to physical mobility. I believe we have to reconsider our way of thinking about ageing which often seems to take the physical body and its constraints as a departure point. Instead it may be more appropriate to consider the mental and imaginative aspects of mobility and ageing which sometimes preclude physical changes or environmental pressures. More recently mobility researchers have begun to integrate these imaginative aspects into their conceptualisations of 'mobilities' (Cresswell 2001; Frello 2008). A relational understanding of mobility has emerged based on a discussion of the individual's relationship with the places around them. It emerges out of the connectivity of the individual with the environment around them through processes of meaning-making. I would argue that in this sense mobility has to be understood as *connectivity with the world*, a relationship based both on psychological engagement (for instance through meaning-making) and physical movement which is an expression of and enabler for this connectivity. I believe that this broader concept of connectivity has the potential to overcome the dichotomous understanding of physical and psychological mobility as will be discussed further in Chapters 5 and 6.

4.5 Independence

In the first part of this section I will illustrate the close link which participants identified between mobility and independence. I shall be arguing that although independence seems to be important in terms of 'not having to rely on others', in the context of mobility in particular, individuals also

demonstrate a high degree of inter-dependence. That is to say that 'independent' mobility is used in order to interact socially. The key thus to understanding independence is not being independent *from others* but to being able to choose time and place of that interaction *with others.* Chapter 5 will discuss and illustrate some of the challenges and barriers to mobility which participants identified (sections 5.1-5.5). This will be followed by a discussion of the resources and other coping mechanisms which individuals draw upon to deal with challenges to mobility (section 5.6).

Mobility as defined through its various aspects in Chapter 4 is understood as physical or psychological movement through space and time, and thus an engagement with the world. This definition emphasizes the relational aspects of the individual's mobility within the physical or social environment. It recognizes that humans move through a pre-existing world but also create and change that world through their engagement with it. This relational understanding of mobility initially seems to be in contradiction with some of the evidence from this research which suggests that the most important aspect of mobility for older people is the *independence* it conveys as independence could be regarded as a *lack* of connectivity with the world. The questions here are 'independence *from* what?' and 'independence *for* what?' In order to resolve this apparent contradiction I will examine more closely how *independence* is understood by participants.

An analysis of participants' comments regarding mobility and independence leads to the conclusion that the individual's meaning for independence (like the one for mobility) vary relative to the participant's experience and situation. For instance the quote below indicates that the couple would like to be independent from their relatives' assistance in getting around:

> Stan*: We go travelling, we go on holidays about a few times a year, bus trips, mind, and hobby, well, I'm immobile now, in a wheelchair. That's just myself really, that's all. I got a cancerous tumour took off the spine and consequently my legs have gone, but they're getting a bit better slowly but surely. All alike really, once you get to a certain age and you're immobile that's it really, that's our life.*
> Nancy*: See we could get to loads of places, we could walk off on our own if it was easy to get back on the bus. There's holiday buses that take the scooter, but there's holiday buses that don't take the scooter, so you have to depend if you want to go to the Metro [Shopping centre], you've got to depend on somebody to take you. This is the thing, we like to be independent.*
> (Consett)

Their wish for independence in travelling is pertinent to their situation as Stan is physically disabled and therefore reliant on a scooter or wheelchair. This makes travelling difficult as there are few public transport options for those with scooters. Although, according to Stan, the scooter was a "godsend", which allowed him to get around locally, this has opened new expectations. Many

disabled people now use scooters rather than wheelchairs because they allow for greater independence. The problem is that although many forms of public transport have facilities for wheelchairs, they are not yet equipped to accommodate scooters which take up more space and have other accessibility requirements than wheelchairs. Thus Stan and other scooter users have gained some independence locally but continue to be restricted in their movements. Hilary is also a scooter user and lives in a town which has a wide range of facilities and services (for shopping etc) but expresses her frustration at not being able to go anywhere else:

> Hilary: *I would just love to be able to get out more. I feel sometimes that I'm just stuck and most days this time of year before spring comes I get sick of looking at the same shops and the same goods. I want to look somewhere else. It's years since I was in Durham and it's two years since I was in Darlington and I just can't manage to do them, so I'm stuck.*
> (Barnard Castle)

Hilary's quote also indicates another meaning of independence, that of freedom to choose the what, where, when and with whom of mobility. Peter's quote makes this explicit:

> Peter: *Being mobile means to me that I'm able to go wherever I want, what time of day I want and by whatever means, walking, car, buses, trains, not that I use buses and trains, but I use the car with my wife.*
> (Lanchester)

The choices available are often dependent on factors such as gender, commitments, marital status, education, habit, or finance. But within those parameters which frame an individual's life, participants emphasize their freedom or autonomy. For Pauline it is the freedom to embark on a day out with her friend whenever they feel like it even though this means depending on public transport (section 4.3.6). For some couples independence from the partner is important. Those participants who expressed that independent mobility was important to them were in the minority because it was associated with having two cars, something that few participants in this study could afford. Ethel's comments are typical for these very independent-minded individuals:

> Ethel: *Yes, well the reason for the two cars was that we were both working and we both used a car, and then I must admit, I have a little car which is old now, but it's a small one and I had liked that very much and it's automatic, I can't drive an ordinary car now, but I can drive the automatic, and so I hung onto it really. It isn't strictly necessary now but I still like it because it gives me the freedom to go, you know, where I want and when I want. I don't drive long distances now on my own certainly. We do it together. But I love it for just nipping here and there and around the village.*
> (Lanchester)

For Ethel this small piece of independence is particularly important because her ability to walk is severely restricted. Her own car gives her the freedom to move around independently in carrying out activities of daily living such as shopping or socialising in the village without having to rely on her husband for a lift. In fact, cars are, for those who possess them, the greatest aid to independence and mobility. They are praised for their flexibility, convenience, the freedom and choice of movement they convey. Participants in particular liked the car for carrying heavy shopping home and for visiting distant relatives, children or grandchildren, as well as days out. An analysis of the mobility diagrams (see Chapter 3) which participants drew revealed that those who have no car available in their household make fewer journeys to destinations between 15 and 50 miles distant. This was because those journeys are often days out or family visits which are more difficult to carry out on public transport as they go beyond the local public transport networks.

For those living in rural areas a car can be a necessity rather than a convenience (Mollenkopf 2003; Dobbs and Strain 2009). Some of the participants lived in villages with few or no facilities such as post offices or shops, and were without regular public transport provision. In those circumstances life without a car becomes very difficult unless there is strong family support. Madeleine's example of an older resident's driving practice reveals the dilemma older people may be faced with:

> Madeleine: *Because if you gave up your car you'd never get anywhere. Cyril who's just died, he said the same, he said living in out of the way places is… he was hanging on to his car. He was 88 and he's just died. He was hanging on to his car because he said he'd never get anywhere if he didn't drive his car, even shopping. There was a period when he decided he physically wasn't able to and he stopped, but life was so impossible that he resumed again, just local.*
> (Woodland)

One participant even related an incident where her eyesight had been saved by her ability to get from one hospital to another without delay in her husband's car. Hospital transport was not offered to her, and going by public transport would have been difficult in the circumstances. Thus a car is not only a means for independence, but also a necessity for many. In a society where cars are ubiquitous and their availability generally taken for granted by statutory agencies, those without their own transport can become gravely disadvantaged and excluded from access to facilities and services or from participation in communities and civil society. Cars not only give independence and mobility to their owners. They are also a medium in the negotiation of social relationships, the confirmation of social bonds and the formation of identities. Giving lifts to others is for many participants an important aspect of friendship, community and solidarity with other older people. Many participants derive great satisfaction and enjoyment in thus helping others. Researchers have

noted that giving support not only suggests to others one's own independence, but it also boosts the individual's self-worth or confidence by giving him or her a purpose. By helping others the individual is also helping him/herself to remain active and thus independent. This is illustrated in the quote below by Oliver:

> Oliver*: But I like my visits. I visit the homes and the hospitals and sick people who I know; I'll go into their rooms or into their houses. But if I don't know them, I'll stand outside. … I like doing it. People say "Oh I couldn't be bothered" and I said "Well, I can because it helps me as much as it helps the people I am going to see".*
> (St John's Chapel)

Oliver is able to carry out those visits only because he has his own transport. He is unable to walk any distance but the car enables him to be sufficiently mobile and independent to carry out these visits to hospitals which are 30 or more miles away.

4.5.1 Aspects of Independence

Previous research has explored the link between mobility and independence in various contexts. Ostir *et al* (2000) found that positive affect or well-being is correlated with greater mobility and functional independence. Other researchers link independence to accessibility and transport options available for older old people (Alsnih & Hensher 2003) or the perceived availability of healthy food options for sustaining a healthy and independent old age (McKie 1999). Independence is often measured in terms of the ability to carry out instrumental activities of daily living (IADLs) unassisted, such as personal hygiene, cooking, managing stairs, going shopping etc.
The two quotes below illustrate this aspect of independence which interestingly was only emphasized by two male participants who had been widowed some years ago and who took a certain pride in doing their own housework.

> Charlie: *Thursday I did my washing. Thursday morning got a load out, got them dried, stood and ironed on the afternoon. In between them drying I hoovered and dusted all downstairs…. I do that, I do all that myself…. But I might have six shirts to do, something like that, I washed three pairs of trousers.*
> (Moorside)

> Oliver: *Oh yes, I like to do what I want to do, when I want to do it.*
> Friederike: *But the car enables you to remain independent.*
> Oliver: *Oh yes, in fact almost totally independent. I mean I do my own housework though I don't know what my daughter would say. I do all my own cooking. I hate cooking*.
> (St John's Chapel)

Sixsmith (1986) has termed this dimension *physical independence*. The author also identifies two other dimensions of independence: *autonomy*, which is the 'capacity for self direction' (1986; 341)

or freedom of choice as illustrated above, and *interdependence*, which is the ability to engage in reciprocal relationships. Underlying the discourse on independence/ dependence is the normative assumption in Western societies that independence in general, and in old age in particular, is necessary to well-being and therefore a good thing (Robertson 1997). Arber and Evandrou (1993) emphasize the socio-cultural context of the meaning of independence. They argue that independence per se does not exist. The term has become value-laden in recent times with the emphasis on individualism in Western society. This imperative for independence has been adopted by politicians who used it as a basis for the implementation of money-saving policies such as the closure of care homes, because supposedly older people are better off living independently and in their own homes (Audit Commission 2004). Researchers have questioned whether this may lead to increased social isolation where people are unable to leave their homes, but receive only a minimum of help from social and care services (Gavilan 1992).

Independence also gives individuals the freedom to control their social relationships, which are generally based on the principal of choice and reciprocity. White & Groves (1997) found that older participants emphasized their independence, but when asked to describe their lives the researcher found that these included *interdependent*, i.e. reciprocal, relationships. Dependency in old age in contrast is often associated with a loss of control (or autonomy and related to this a loss of self-identity) and the acceptance of assistance and help which cannot be reciprocated in the socially acceptable manner. This fear of dependency in old age may be partly due to the forms of reciprocity which are generally accepted in Western societies. Reciprocity is usually highly categorised and circumscribed in terms of time, space, relationships, gender, class and types of assistance (Sixsmith 1986). I would point out that the Western discourse of reciprocity is fairly horizontal in its time frame, which means that acts of assistance have to be reciprocated within a defined, and fairly short (in relation to the life course) time frame. In contrast, inter-generational reciprocity which extends on a lateral timescale over many decades would render the feeling of dependency by older people less acute, as the younger generation remember the many acts of kindness and assistance given to them in their younger days by the now ageing parents or grandparents. This memory of individual contributions to others' lives could well be extended to a societal level where older members of society are valued for the many contributions they made to society during their younger years (Manheimer 2009; Moody 2007). Robertson (1997) for instance argues for the re-framing of the analysis of dependency and need in terms of interdependence based on reciprocity in the context of the welfare state. He believes that this would transcend the

dichotomy of independence versus dependence which dominates much of the ageing discourses, and thus shapes the experience of ageing for older people.

I would argue that older people in particular are aware of the relational interdependence of their lives because ageing is often accompanied by a shift not only in physical ability but also in priorities from material to the immaterial (Tornstam 2003). This is often (but not always) expressed as a greater emphasis on social relationships with family, friends or communities. Although some participants in this study were very unhappy about having to ask family or friends for help, others were genuinely grateful for assistance or even unquestioningly took it for granted. The reasons for these differences are difficult to explore in detail in this project, but there is some evidence that the recipients' perception of their dependence is related to the manner or circumstance in which assistance is offered, to the nature of family relationships and the time over which relationships have been established. Some individuals also seem to take it for granted that ageing is accompanied by not only the need for but also the right to assistance from statutory agencies as well as family, friends and society at large. Expectations of independence in old age vary accordingly.

4.5.2 Spheres of Independence

Where Sixsmith (1986) offers three types of independence, similarly Arber and Evandrou have developed four 'spheres of independence' (1993; 20): the first sphere relates to financial constraints. Physical independence (through aides for mobility for instance) as well as autonomy of decision-making (affordability of a car or taxi journey) and the ability to reciprocate (a lift for example) all depend on a certain amount of financial independence. The second sphere relates to independence of home and housing. Living arrangements are important in allowing individual autonomy and reciprocal engagements. Andrew expresses this:

> Andrew: *I mean I live on my own, I've got the bungalow, and I welcome, sometimes rejoice at the fact that that space is mine, and I'm in control of it. I don't have to listen to any debate either. I don't have to do anything at all and that is worth a hell of a lot. I like my own space …Go and lie down in the afternoon, whatever you want to do. Or if you want to see somebody you go out and find someone to talk to, you've only got to walk through this village, you'll find somebody and have a chat.*
> (Gainford)

Although some participants lived with unmarried adult children in their households, only in two cases did the participants admit to being dependent on that person in the context of getting around because of an impairment or frailty. Many others received lifts or assistance from family but continued to live independently. This is important because a home can be symbolic for

independence and self-identity as it is a material aspect of the individual's life course to which they have become emotionally attached. Anna forcefully expresses this in the following:

> Anna: *But there's no way will I move out of here, no way will I go in a bungalow, this [house] is mine, I paid for it. I've worked hard for it, I'm staying.*
> (Gainford)

The home is also a vessel for memories of the past family life or of a dead spouse. Oliver's deceased wife continues to live on in the house where the couple spent many years together:

> Oliver: *I have a row with my daughter every week and my son-in-law. They want me to go and live there. They have a huge farmhouse, four double bedrooms and there is only the two of them, the family have flown the nest, but I said to Maureen "Your Mum's still in this bungalow, pet." I talk to my wife every night and tell her all the stupid things I've done in the kitchen, you know.*
> (St John's Chapel)

On the other hand 'home' can become a prison when choice of mobility is restricted and the individual becomes dependent on either family members or care services for the provision of daily needs. In this context autonomy may be greatly constrained and residential care may be more acceptable to the individual (Higgs and Victor 1993). The quote below illustrates how the situation can improve for all involved when an elderly relative is moved into residential care:

> Ben: *My mother's 91, she's just gone into the [care home] and we've watched her perk up because now she's looking after an old woman there. She's 91 and she's looking after an old woman who's 98 and they sit on the settee like little schoolgirls. But she's got people to talk to her own age; there's the carers that walk past and they bow and scrape to her and she's perked up no end because she's got the people. When there's just us three there's only so much you can talk about if someone's a bit blind and a bit deaf, isn't there?*
> Rita: *And you tend to get on each other's nerves.*
> Ben: *Oh yes. Well, we moved from a big house to a small one and all of a sudden she's sharing our lounge and we're all using the same toilet and stuff like that and that crowds you in so much, doesn't it?*
> (Barnard Castle)

This quote illustrates that the availability and use of space in the home is closely linked to autonomy for both the carers and the elderly relative. It also illustrates how having a contemporary mate for whom she can care revived the elderly mother in the care home creating a relationship of interdependence where one is looked after and the other feeling a purpose in her life through caring. The extract may also give an indication of the limitations of intergenerational reciprocity, in spite of my arguments for it earlier. Both children and mother are happier with the arrangement of her being in a care home.

The third sphere which Arber and Evandrou (1993) identify as promoting independence is that of physical health. All three aspects of independence are also based on physical health. Participants like Rita in the following quote were very much aware of this:

> Rita: *I go anywhere because there's always a way to get somewhere if you're prepared to spend a whole day travelling, you get there in the end. But that's now, while I'm still healthy, but I don't know in the next ten years I'll be an older person myself, so we'll see.* (Gainford)

At present Rita does not consider herself as old, in spite of her 78 years, because she is physically mobile and healthy. But she expresses uncertainty regarding her future health. The quote below indicates that a decline in health is associated with greater dependence or reliance on others. Jane also expresses her concern that not enough help is available from statutory agencies for older people in the area.

> Jane: *Mobility is independence. If you've got all your faculties and everything you're able to do things whereas if you've become reliant on other people, you do need help from any source you can get. There isn't very much in Weardale at the moment. I mean I'm perfectly healthy at the moment, but how long does your health last? That's the thing - nobody knows. You've just got to make the best of what you've got.* (Wolsingham)

Jane feels that she actually has little influence over the physical ageing process. One can do one's best by trying to stay fit and active and healthy, but there is also some uncertainty. With ageing comes a loss of control over the physical body which is compensated through a change in attitude- from total control to having to "make the best of it". Therefore independence, like mobility becomes a relative concept dependent on the individual's circumstances and physical ability.

The fourth aspect of independence which Arber and Evandrou (1993) develop is that of *social and emotional independence.* They argue that "valued social and emotional relationships are prerequisites for the maintenance of quality of life" (1993; 24). Like Sixsmith (1986) above they recognize the importance of interdependent relationships between couples or family and friends. Many of the single or widowed female participants relied on a friend to go out with, either just because it was more fun, or for company, or because it made them feel more secure as the quote by Jeanne illustrates:

> Jenny: *Well mine's [diagram] not really a lot different to what Sally's got, because I'm relying on her coming to go out because I'm a little bit nervous after being ill, and I wait for somebody to come to go out with.* (Barnard Castle)

Social independence also gives individuals the choice to choose their types and venues of social interaction. For those living alone there was a balance between having freedom of time and space in their own homes (with the possibility of getting lonely) and going out to socialise and be 'energized' by other people as Monica's narrative expresses:

> Monica: *So, I like going to the theatre and I just generally like coffee mornings, being with people and … but I live on my own out of choice because when I see people a lot I can go home and shut the door and say: "Go away". So I've got my life nicely balanced. …I think travelling would be a worry for me if I didn't have the car and was old and infirm because I like to go out to be energised by different people. So I need to have that input in my life and if I didn't get out and about I'd be stuck.*
> (Lanchester)

Many of the participants particularly appreciated the freedom from previous work commitments and family obligations which came with retirement or ageing. This did not mean that individuals completely withdrew but rather that they could choose to be involved in whatever they wanted to do, not in what was expected of them. Rachel and Chris illustrate their love of the freedom retirement brings in the following exchange:

> Rachel: *I love to get up in the morning and think: "Well, there's absolutely nothing that I have to do. If I don't want to get up today I don't have to get up, I don't have to go to work."*
> Chris: *That's me.*
> Rachel: *I do what I want to do, well, apart from the days when I look after the daughter's two children which I know I'm committed. I do that, but it's my choice I'm committed.*
> Chris: *Your time is your time; your day is your day.*
> Rachel: *You haven't got the responsibilities or, you know, you're not responsible for anybody but yourself and your partner.*
> (Moorside)

Thus ageing is accompanied by an increased freedom from social expectations and adherence to norms (Tornstam 1993; 2005). After the discipline of family responsibilities and working lives retirement for many is a new experience of freedom and independence. Instead participants focussed on what they enjoyed, many being heavily involved in supporting community activities or as volunteers for charities. Others followed their own interests and took up old and new hobbies, also enjoying the social aspects of their lives connected with others.

4.6 Summary: mobility and inter-dependence

In conclusion, the link between mobility and independence has been shown to be very strong, in fact so much so that many participants *equate* mobility with independence. In addition, the meaning of independence has to be understood in relation to the individual's life course and present circumstances. Similarly to the individual perceptions of mobility, a sharp or unexpected decline in independence will trigger a psychological coping mechanism in order to allow the person to adjust to the new situation by emphasising the independent aspects of their lives which remain to them rather than being confronted by the dependent aspects which would lower morale and may cause depression. I would argue that this need for an emphasis of individual independence is socially constructed through society's dominant discourse which emphasises the benefits of independence for well-being in old age and thus re-creates the very need for independence in individuals. In contrast, evidence from this research suggests that many older people enjoy their *inter*dependent lives and derive great benefit from being part of a social network. I would therefore agree with White and Groves (1997) that discourses surrounding independence and ageing ought to be reframed in terms of inter-dependence. Currently statutory agencies which support independent living for older people focus entirely on their physical needs such as food, personal hygiene and housing. As Arber and Evandrou (1993) point out this is insufficient for maintaining a person's well-being which includes social and interpersonal aspects. The concept of inter-dependence acknowledges those vital aspects of an individual's life and thus supports services to be provided by statutory agencies to help the ageing individual to maintain those interpersonal links and remain a valued member of a social network. The type of support needed to achieve this is often related to providing adequate transport or to support mobility, but other types of support necessary may include a regular companion or friend, in particular when the individual has a sensory impairment such as partial sight or blindness.

In the following chapter I discuss some of the factors which influence participants' mobility both in terms of challenges and in terms of resources for overcoming obstacles to mobility. Factors which participants identified as significant include the natural and built environment, transport and health. Individuals with physical disabilities and/ or sensory impairments faced particular challenges which are discussed separately. I conclude that environments can become disabling for older people as they age, but that participants in this study were generally able to draw upon a wide range of resources to deal with challenges to their mobilities.

Chapter 5

Getting Around: Barriers, Challenges and Resources

In this chapter I shall be discussing mobility in its various environmental contexts, from the physical to the social and structural environments. I will expand the broader context in which mobility is understood in this research (i.e. environment and life course) while discussing some of the obstacles and challenges to mobility faced by older people. I will also discuss the resources participants identified in aiding them to overcome these challenges. In the process I will develop an understanding of mechanisms of coping and other solutions to mobility restrictions older people have developed in their daily lives. Coping with mobility restrictions involves both passive and active coping. In line with the life course approach underlying the analysis I argue that individuals' coping strategies are developed over time, and that the shift in individuals' understandings of mobility which was discussed in Chapter 4 is a result of these coping processes which are part of the individual's attempts to maintain integrity of the self. I will conclude that older people can indeed cross a threshold where those active and passive coping strategies are no longer sufficient in allowing the individual to remain mobile and active and to participate in society. In such cases it is not necessarily the individual's capability which restricts mobility, but the lack of adequate and appropriate support to address mobility challenges.

5.1 Mobility in the natural and built environment

The study area which was based in the three Western and North Western districts of County Durham is essentially rural, although varying in degrees of rurality. The population density of Teesdale for instance is only 29 per square kilometre, one of the lowest in England (Government Office for the Northeast 2007). The spatial aspects of rurality, for instance the distance to the nearest service centre, shapes the experience of residents and their mobility patterns in general, but can become a particular challenge in later life. Service provision in rural areas has been the subject of some studies in other countries such as New Zealand and Canada (Joseph and Cloutier-Fisher 2005; Sims-Gould and Martin-Matthews 2009; Chappell, Schroeder & Gibbens 2009) and the demise of local facilities in rural areas in Britain such as the post offices, and its effect on older people's lives has also been reported (Age Concern 2008; Age UK 2009). Donald's comments illustrate the sad state of many remote villages and their lack of facilities. He argues for the upkeep of the village hall as the only place where the community can get together:

> Donald: *I think that we need really to keep the village hall going because we've lost so much in the village. We used to have a pub which is now closed down, we used to have a shop, … a post office… We've got a garage, it's a useful little service station, otherwise there's nothing and so to have a central point like this [village hall] I think you need to keep it going.*
> (Copley)

This lack of local facilities has had the effect of making residents in rural areas further dependent on transport in order to access services and facilities. In this context transport has become one of the most prominent issues for older people, which will be discussed further in section 5.2.

Apart from its rurality there are some other aspects of the natural environment which affect older people's mobility: County Durham is fairly hilly in most places, and although many villages were initially built within a valley, the expansion of the villages has meant that many residential areas have been built onto the hills and slopes. Ethel's comments illustrate how her perception of the hill has changed with ageing:

> Ethel: *We haven't walked to the village as we just live up the hill, and we haven't walked to the village in years which, well, it's coming down is ok, but going up …it's a laugh isn't it, because the hill gets steeper as you get older. I mean we used to go up and down several times a day when the children were smaller, but now I haven't walked up the hill in several years.*
> (Lanchester)

In addition to hills there is the challenge of distance from residential areas to the village centre or to the bus stop which older people can find increasingly difficult to negotiate on foot. Because of the natural environment of steep hills and narrow valleys, villages were built along a main street, often expanding in length rather than width. This means that the distance between residential houses and the village centre with its amenities can be up to half a mile or more. Many older people who have difficulty walking therefore depend on a form of transport to access even local shops and facilities. Some participants recounted their conscious decision to move to the centre of the village to be within easy walking distance of amenities and to avoid hills. Peter's quote illustrates this:

> Peter: *We moved here because we felt we needed a small community where we could get a house on level ground so we didn't have to climb any hills. We actually found a lovely bungalow so we are quite happy here, the shops and everything's here.*
> (Lanchester)

But I also found that some participants who had recently retired had moved to the rural areas because they enjoyed the countryside and views, not taking into account the difficulties that they may encounter in the future. At present the remoteness of their location did not concern them because they could drive, but without a car this could turn to complete isolation.

William*: We probably wouldn't have considered moving up here if we didn't have the cars.*
(Middleton-in-Teesdale)

I have found that some of the so-called 'third-agers' have little awareness of the challenges which lie ahead for them in later life. Comments by some older participants have led to the conclusion that it is only with personal experience (directly or indirectly through ageing parents) that people become aware of those challenges. This may be partly due to a suppression of the personal ageing process and partly due to the uncertainty over the individual course that ageing takes for each person (as mentioned above with regards to health). Nancy's comment illustrates this raised awareness since her husband has become unable to walk:

Nancy: *We lived at [another village] till we had the bungalow. Three years, which is one of the hazards of going round Consett and finding out what it's like when you've been fit for a long, long time; and then you come to this and you find out what other people's had to put up with.*
(Consett)

The challenges which Nancy's husband Stan faces are mostly related to the built environment and to support by statutory agencies. Because he entirely relies on a scooter to get around issues of accessibility feature prominently in his and his wife's comments: the height of kerb stones, access to cash machines, access to his own house as well as inconsiderate behaviour by others, such as cars parked on pavements or across dropped kerbs in the town which makes it particularly difficult for him to get around. Other participants who use scooters also described these difficulties. The use of scooters by older people has increased dramatically and some towns and villages have made improvements to allow optimal access to shops and buildings.[4] Other places, predominantly in Derwentside, the district which is considered the most economically deprived of the three study areas, continue to be in need for substantial further improvements. Difficulties with the built environment are not limited to those who rely on scooters. Uneven pavements were often cited by participants as making walking difficult and participants recounted incidents where an older acquaintance had tripped and fallen. In one instance this resulted in death. Donna's quote illustrates the difficulty she has walking on uneven pavements and she describes the many falls she has had.

Donna: *And every time I fall I hit my face, I've broken my nose, I've blacked my eyes, split my lip and broken teeth and done all sorts of things and all because the pavements don't fit properly and with not having good eyesight I can't walk about with my glasses on because I feel worse. I feel everything is more uneven. So I really find it very difficult. I have to watch myself all the time.*
(Wolsingham)

[4] Age Concern estimates that there are 145.000 powered wheelchairs and scooters being used in Britain (2005).

Another activity which participants found increasingly difficult with age was crossing busy roads where there was no safe crossing such as pedestrian light or zebra crossings. Few villages in the study area had pedestrian crossings. The exchange below illustrates this and other related problems in these villages.

> Marianne: *Especially by the doctors there when you cross the road to the town centre and the way they park right on the corner. You can't see round.*
> Donna: *Opposite your son's, it's dreadful getting across the road there.*
> Marianne*: It is, yes*
> Friederike*: Are there any safe crossings in Wolsingham?*
> Donna: *None whatsoever.*
> Pamela: *We've tried*
> Clarice: *I was going to say, we've tried to get crossing areas and put zebra crossings in there.*
> Lina: *The lolipop lady if she's there for the children she stops the traffic for me.*
> Marianne: *Yes, and me*
> Iris: *Yes*
> Pamela: *Yes, she's only there for the schoolchildren*
> Clarice*: I know they can only be going about 30 mph at the most, but they whiz round and you cannot always get out of the way fast enough.*
> Marianne: *Big lorries come through as well.*
> Lina: *Yes.*
> Iris: *I think the road situation could be improved a bit, but how, I wouldn't like to say because it's left to the county council and everybody. But the mobility in Wolsingham could be helped.*
> Marianne*: Because it's getting worse in Wolsingham; all these trucks.*
> (Wolsingham)

The increased volume and speed of traffic in these residential areas has a direct effect on the quality of life for all residents. Because it is often older people who walk in the villages they are frequently exposed to the effects of increased traffic. As Iris above comments, a solution is not easy and the authorities in the county are reluctant to carry out any drastic measures such as speed controls. In fact, in one conversation with a county council official I was told that often cars did not actually speed but that older people perceived the cars as speeding because of the narrowness and general layout of the road. And the county council is reluctant to introduce safe crossings because of traffic flow or visibility issues, as was explained to me in a conversation with a county council official when I confronted him with participants' comments. I would argue that underlying these responses by authorities is an acceptance of the hegemony of the automobile which ought to be questioned for the sake of quality of life for residents in villages. These small places and country roads were not built with cars in mind and find it difficult to cope with the volume of modern day traffic. This is evidenced by the repeated mention by participants of the increasing volume of heavy truck traffic through the villages. It would be to everyone's benefit to reduce car use in rural areas.

Unfortunately I am also aware of the basic necessity for cars particularly in those areas as was discussed above. And older people make use of their cars just as much as everyone else because of the convenience. Only two of the participants in this study had purposefully given up driving in order to support and use public transport. Others, such as Jonathan, continue to drive in the local area, but avoid driving long distances, in busy areas or cities.

> Jonathan*: I feel that although I can drive I feel the parking problem and the amount of traffic that's on the road now, when you get to almost nearly 80 you begin to wonder "Well, should I have another driver's test?" and all this sort of thing, you know. So, but that's one of the problems that you come across when you become ancient.*
> Friederike*: So you find driving more difficult now?*
> Jonathan: *I don't find difficulty round here …You know, you drive round here and you know where you're going. You are going to go to James Cook Hospital or through to Newcastle, well, I don't think I would go to Newcastle in the car, I would go so far and park up and get public transport. We're very lucky out here, if we can motor around, as long as we can, but unfortunately if you can't, it's not very easy.*
> (Middleton-in-Teesdale)

Many older drivers thus self-restricted their use of the car because they felt less able or confident when confronted with modern traffic which often requires quick reactions and assertiveness. Older drivers who participated in the study had sometimes experienced impatient or inconsiderate behaviour from other drivers or were frightened by the recklessness of young drivers that they felt endangered themselves. Some participants reported that they had given up driving for that reason.

Traditionally environmental gerontologists have approached the challenges that older people face in their environment as increasingly insurmountable obstacles that eventually force people to stay at home. There is no doubt that with ageing individuals' perceptions and experiences of their environment changes. But the evidence from this study suggests that people are extremely resourceful in overcoming potential obstacles even if this can sometimes be very difficult (these will be discussed in section 5.6). What matters most in this context are the individual's determination and motivation to meet these challenges. This does not mean that authorities and agencies should be complacent in providing support for older people in getting around and in improving access to facilities. Rather I would like to point out the very positive and active nature of people's dealings with their environment, which early environmental gerontologist tended to neglect, as a result portraying the individual as a victim of environmental forces working upon them. In line with a shift in disability studies, which now views the environment as 'disabling' rather than the individual as 'disabled' (Imrie 2000), I would suggest that in environmental gerontology the emphasis should be shifted from the decline of the ageing individual to the

development of an age-friendly or age-inclusive environment (Bartlett and Peel 2005; Eales, Keefe & Keating 2009). This shift in focus is pertinent in the context of an increasingly ageing population and a more inclusive society.

5.2 Mobility and transport

The project was aptly named the 'Getting Around' project by participants. Transport and other means for getting around and challenges relating to these therefore were at the forefront of most focus group discussions. Because of the holistic outlook of this project I have included in the transport section not only those issues directly relating to transport, such as the availability of buses, the cost of trains or ability to walk or drive, but also issues that indirectly influence older people's ability to get around. Participants themselves often identified as significant issues seemingly marginal to the journey from A to B itself, such as the attitudes of bus drivers, the cost of car parking or the distance from the house to the bus stop. It is those aspects of a journey which prevent individuals from getting around, more so than the availability or means of transport itself. As I shall argue, older people require flexible and appropriate means of transport in order to be mobile. These have to be designed sensitively by public transport and service providers with older people's specific and individual needs in mind if independence is to be maintained in later life. A second point to make with regards to a holistic outlook is the inclusion of all journeys that people make in considering issues of transport and mobility. Many gerontologists who study mobility focus on *daily* mobility, i.e. journeys made regularly, usually in order to carry out ADLs such as shopping. I would argue that a holistic approach to mobility which considers both physical and psychological mobility has to give equal weight to one-off or annual journeys such as a coach trip, holidays or a visit to relatives because it is those journeys which individuals look forward to and remember, and which reinforce their connection with the wider social and physical world. Although the weekly trip to the supermarket is significant because of its familiarity and the continuity it provides for the individual as it re-affirms the individual's identity and independence, the annual holiday is significant because of the moral and psychological benefits of breaking just that routine and allowing for a change of scene. This was evident in how participants drew their mobility diagrams (section 3.6.4.2); often participants spent more time and effort recalling all the trips and holidays they had been on in the previous year than remembering their more regular and local journeys. The analysis therefore includes challenges to both daily mobility and to travelling in general.

5.2.1 Public transport

Older people and in particular older women are one of the population groups that are most reliant on *public transport*. This is partly because women belonging to a certain cohort (now 70+ years old) have never had the opportunity to learn to drive; and partly because demographically women are more likely to survive into old age than men and often have to manage on a single and very restrictive income (DfT 2001), such as a state pension, which is not sufficient for the maintenance and upkeep of a car. For these reasons older women and those with little income are the most frequent users of public transport and most vulnerable to social exclusion due to barriers and challenges related to transport cost, provision and accessibility. This was also reflected in participants' comments in the 'Getting Around' project. Issues identified by participants (some of which were also evident in quotes in previous chapters) ranged from attitudes, access to information, bus design, reliability of buses, train travel and airports, discomfort, frequency of bus services, connecting services and specialist transport provision. A number of these shall be explored in more detail in the following section in relation to the life course, the ageing experience and the rural environment.

5.2.1.1 Getting used to public transport

As discussed above a life course approach takes into account the person's past, their life experiences, personality, and resulting attitudes. Pauline in Delves Lane (quote in section 4.3.6) has learnt to cope with poor bus connections through changing her attitude from one of annoyance at the long wait to one of general acceptance. Pauline has always used buses throughout her life. In contrast, Daisy is one of those individuals who had to give up her car after she became a widow for financial reasons and has started using buses more recently. As the quote below illustrates she found it difficult getting used to public transport:

> Daisy: *Yes, I drove for 25 years but after my husband died I did get a car because I just wrecked the other one and I had it for four years and for the amount of miles I did, you know it just wasn't worth it. I mean I used it to go to Consett and back every day; then in the winter the battery kept going flat because I had lights on morning and night and it never got charged up. And it was a good bus service anyway, so I just had to get used to it.*
> Friederike: *How did you find the transition?*
> Daisy: *Terrible, even now. I just had to do it and you just have to get used to it, haven't you? Not a lot you can do.*
> (Delves Lane)

She obviously mourns the loss of the convenience and independence that the car gave her, comparing this to public transport which is regarded by many participants as unreliable and inconvenient as Tony's experience illustrates:

Tony: *Oh, I never bother with taxis. I had to get one last night with the bus not turning up. I mean, the bus, last night about the bus, it's only every hour, so that meant it was two hours. There wasn't a bus down here for two hours.*
(Moorside)

5.2.1.2 Access to information

Those participants who had access to a car often regarded public transport as a last resort. This was partly due to its reputation but also due to lack of experience in how to negotiate the transport system and lack of access to information regarding timetables and bus routes. This information is now increasingly provided via websites to which few older people have access. In County Durham most local travel centres run by bus companies have been closed and timetable displays at bus stops are sporadic and at times out of date, thus making it difficult for people to access correct information on bus services. The bad reputation of public transport, the lack of knowledge and experience of individuals in using the system combine to make bus travel less attractive and less accessible for individuals who may not be used to public transport. Access to travel information in particular was often mentioned by participants as a stumbling block for using buses as the quote by Joanne in Delves Lane (section 4.3.6) demonstrates.

But there was also evidence that those participants who were sufficiently determined to use public transport or had to use it out of necessity did manage to find out about times and routes. One can probably argue that on the one hand individuals may not notice information displayed until it becomes important to them, and on the other hand may gain information about services through inquiry or word-of-mouth in conversations with others in the village. One participant who was a fairly new resident in the area complained about this informal means of distributing and accessing information about transport facilities and services, calling it a 'secret society'. In this case the participants are discussing the Access Bus, which is a service run by the County Council for those with frailty, disability or impairment:

Harold: *And when does it run?*
Betty: *Well, you get it, you have to be a member; it's a £1 for life when you join.*
Harold*: How do you join?*
Betty*: You ring this number….*
Harold: *It's not advertised is it? Nobody knows about it, it's the way that they work, everything's done by mouth in the Dales.*
Connie: *Yes, when we used to come here for lunch, a lady came round and told us about it.*
Harold*: That was by word of mouth as well. Everything's done by word of mouth. …I don't need to know because I'm fit enough not to use it, but what I object to is that it's a secret society. They should post it and say "This is restricted to people who can't get on a normal bus". Why can't they say that?*
(Stanhope)

It seems that learning about support services can be a matter of chance, of knowing the right people, being in the right place at the right time. In this case Connie learnt about the Access Bus because she was at a lunch club one day. Therefore the larger a social network an older person has, and the more often they leave the house, the more likely they will learn about other services or facilities which may support their mobility. Those who are without a strong social network or rarely leave the house may therefore be trapped in a vicious circle of continuing isolation because they are excluded due to a lack of information about mobility support.

5.2.1.3 Travelling on buses

Apart from issues surrounding people's life experiences and access to information, participants also identified difficulty in using public transport because of bus design and access to bus stops or train stations. The difficulties mentioned ranged from bus design issues such as the height of the step itself, and the drivers' reluctance to lower the entrance, to the obstruction of the entrance in the bus by a vertical grab pole (many older non-accessible buses are designed this way), to the inconsiderate behaviour of drivers when starting the bus before an older person is seated (see also DfT 2001a), to the discomfort or pain individuals can feel while travelling on 'bumpy' buses and routes. Carrying shopping to and from bus stops was identified as another difficulty or even walking a distance to the bus stop can be difficult as people get older and frailer. In contrast, a car journey is more likely to be door-to-door. Participants also commented that when using buses they had to go shopping more often because they could carry home less weight. It was in this context that many participants really appreciated having the convenience of a car or a lift in a car to the shops.

5.2.1.4 Accessing trains and transport integration

Access to the train stations is also awkward for those arriving on public transport. The train stations in Durham and Darlington are not directly serviced by buses, which in the case of Durham City, for instance means that the traveller either has to change for another bus or walk up a very steep hill to the train station with their luggage. The following exchange illustrates this lack of integrated transport and the difficulty in accessing Darlington railway station:

> Rose: *And if you've got a suitcase, because I go travelling a lot, it's very difficult to get to the train station with a suitcase.*
> Andrew: *Changing from one bus to another with a suitcase, and things like that.*
> Rose*: Even if you do, the bus stops right at the bottom of that hill, if you remember, and you have to walk up and it's difficult, so you end up having to have a taxi which is a lot of money.*
> (Gainford)

Bus connections often seem to lack co-ordination which can result in long waits for passengers. And of course when one bus is delayed the connecting bus does not wait, which in rural areas with only hourly bus services (or even less) can mean a very long and uncomfortable wait. Janet's quote illustrates this:

> Janet: *What I find is that you can't get to Durham, the station, if you're going past but you have to change. If you've had a long train journey, it's not so bad at the beginning of the journey, but it's at the end of the journey, you change at Crook, and quite often I should think about at least 4 times out of 10 you miss the connection because the bus from Durham is late. …So you miss the connection because the one arrived in Crook, well, they both arrived almost at the same time. So you've then got an hour's wait in Crook. So if they were to alter their plans that would be great. But it's pretty hit or miss sometimes.*
> (Stanhope)

Janet's suggestion that timetables should be co-ordinated to allow for connections seems to make good sense. Why is this not already done? Some of the reasons may have to be sought in the lack of consideration large transport providers have for their individual passengers and their actual needs. Another problem is that Durham County is serviced by several different bus companies who are in competition with each other for business, and have therefore little interest in co-operating with each other to improve timetables (ODPM 2003). Another area in which co-ordination and joint-up thinking would be of benefit not just to older people is in access to country walks. The County organises regular mid-week walks around Durham County, making use of the wide network of footpaths and walkways. These walks are very popular with retired people who have the leisure time to take part in the walks. One hurdle for more widespread participation in these walks, which would benefit many older people in remaining active, is pointed out by Arnold:

> Arnold: *I said I was involved with the County walks, the guided walk programme. I don't know if anyone's ever seen the brochure, but they're in the library. These are walks from a couple of miles up to 16 or 17 miles, but on every walk there's a starting time, where it's from and then buses, and 9 times out of 10, if not 99 times out of a hundred, it's got no suitable bus service; and that's the County who actually try to encourage people to use public transport.*
> Joanne*: You've got to have your own car to get to the start point of the walk.*
> Arnold: *That's right, it's almost impossible.*
> (Delves Lane)

The quote illustrates the lack of co-ordinated and integrated thinking and planning. Arnold's quote indicates that different departments work independently from each other, whereas transport needs to be a consideration in all areas of planning.

5.2.2 Access to facilities and services

Most of the villages taking part in the study had reasonable access to facilities and services. By that I mean that the nearest shops and post office were three miles or less from their place of residence with a regular bus service. But there were also exceptions, i.e. villages where access to facilities by public transport was difficult because of infrequent or non-existent bus services. One such village (Rookhope) still had a post office/ corner shop but participants feared that this may be closed when the current owner retired. The nearest shops and doctor were 5 miles distant (in Stanhope), but the bus service runs only three to four times a day. Although participants managed to adjust their daily lives according to these bus times, this at times required some negotiation with others. Olwen visits a relative at a care home in Stanhope every week and recounts the following experience:

> Olwen: *I've been going down on the 1.15 bus for 1.30 and the first time I went in I got a very bad look because you're not supposed to go there until 2 o'clock, so I had to say to the Sister that I wasn't going to go down to Stanhope and have to walk all the way to [the nursing home] and it was very cold. But I think maybe they hadn't realised that [from] Rookhope it was 1.30 when you got down. I just go in and I think the Matron, the first day she says she was going to have words with me, I said "Well, I've come off the bus from Rookhope and I'm not going to go down to Stanhope and walk back up". It was cold, so it would be nice if people made allowances, you know; but I think she knows now.*
> (Rookhope)

Co-ordinating bus times with visits to the GP or hospital appointments often posed difficulty for participants. Whenever possible participants used lifts from friends or relatives for those visits, but this was not the case for everyone. Although in one village participants stated that the GP would take into consideration if someone was reliant on public transport, there were other incidents where this consideration was not present. Madeleine also lives in a remote village, and her account of a fellow villager's difficulties illustrates the lack of consideration by some service providers:

> Madeleine: *Now the other day, [my husband], was in our own doctor's surgery, just went to collect some medication and a little voice said "Paul, are you going home again?" and he turned round and it was Gladys and he said "Well, not straight away, I've got to go and get a car tax". So she said "I've waited that long to see the doctor I've missed the bus back". So she said "I can't walk". She lives about three miles away. So Paul said, "I tell you what, I'll go and get my car tax and I'll come back and pick you up". But I mean how are people like that meant to get back? How do they manage it?*
> *(*Woodland)

In this case Gladys was fortunate in meeting an acquaintance to help her get home. Being part of a social network, a small community where people know each other aided her in getting home. The roles of communities in helping people to get around will be explored further in Chapter 6. Some villages are now introducing volunteer driver schemes which pick individuals up at home for surgery appointments and then return them afterwards. These schemes are currently somewhat

sporadic, and unfortunately entirely depend on volunteer drivers for their sustainability (Dobbs and Strain 2008). There was some evidence that participants within a small radius from the hospital were able to access hospitals through a similar scheme, but again this was not widely available throughout the County. One participant living in the remote village of Woodland recounted how he had been stuck when he was refused transport home from a hospital appointment because of the greater distance involved. This seems unjust in the light of the recent changes in NHS organisation which means that each hospital in the area specialises in certain medical fields. For patients this means that they may have to travel to several different hospitals for different ailments, some of them 30 or more miles away and not easily accessible by public transport. As a consequence those living in remote rural areas have to travel long distances for access to health services.

Those who do not have family support or help from friends in getting to hospitals are also able to use another *hospital transport scheme* which has to be booked in advance. This scheme is run by the Primary Care Trusts like a bus service, which picks up a number of people in the morning for hospital appointments, then returns them in the late afternoon. Although grateful for its existence to an extent, most participants did not like this transport scheme because it meant that they had to be ready to be picked up anytime after 8am. It also meant much waiting in the hospital before the return trip. No provision was made for passengers to be accompanied or given refreshments during the day. Whilst this was not a problem for those who were mobile and fit, the following example illustrates the stress it causes for those who are in need of support or in poor health (which is quite likely the case for many of those needing medical attention and transport assistance). Edward recounts his experiences when accompanying a friend to hospital on this bus:

> Edward: *And if you've got the handling service that would come and pick various people up from different points, and they could start at about 8 o'clock in the morning, and you could be picked up at 10, and your appointment could be 3 o'clock in the afternoon. So you're there for that period of time and when you're finished you have to wait until that bus comes to pick up everybody from the hospital to fetch them back, so you could get home at 6 o'clock at night and there is no provision for meals, and it could be somebody who is confused and different things like that, you know, and there is no provisions for them, they get the transport arranged, but there's nobody to sort out them getting a meal or a hot drink or anything else, they could be just left to their own devices for the rest of the day…. Especially some people who can't look after themselves, and it's not, it wasn't every time, every day, I could go with him [a friend], so I had to let him go on his own, and hope and pray that the driver who was picking him up would take care of him, and he has to get hold of you, he links you to walk because he can't walk very good and he was terrified to go because whether they would link him or not and it's all this…*
> (Gainford)

What is obviously required in cases like the above is a service which is more sensitive to the individual's needs. Edward himself made a suggestion for possible improvement: Each passenger

who needed special attention could fill out a form beforehand to let the driver and hospital staff know of any special assistance required such as support for walking. I would suggest that in addition there might be the need to assign a person or volunteer at the hospital to look after individuals who are left there for the day and if necessary to travel on the bus to give assistance to passengers. This may be a cheaper option than to provide individual transport for every person who needs to get to a hospital appointment. In addition, in my discussions with Primary Care Trusts (PCTs) I found that managers were well aware of the shortcomings of the transport service through feedback received from patient fora. But managers felt uncomfortable about having to spend money on transport provision when they could employ a nurse instead with the same money. In the stakeholder discussions with other service providers it was suggested during this study that inter-agency collaboration between PCTs, social services and councils may provide the answer for a more efficient use of transport resources (i.e. vehicles and drivers). Currently each service runs its own supportive transport scheme. A collaborative effort between agencies may improve the services and reduce costs for each individual service provider.

One other aspect of people's comments regarding public transport related to the uncertain future that participants perceived for this form of travel. Many commented on the small number of passengers using buses, particularly in the evenings and in very rural areas where buses are subsidised by the County Council.

> Gerald: *It is a problem, because [the bus] mainly runs empty and it's heavily subsidised, so they are considering, you know, what to do to review the matter. But on the other hand there are people without cars who need to get to the doctors and to the shops.*
> (Woodland)

Many participants discussed possible future cuts in services and what effects these might have on their mobility and daily life. Rumours of cuts in services or of the withdrawal of subsidies abounded among participants as a possible result of the introduction of free bus travel for the over-60s. The following exchange illustrates this:

> Rita: *Yes, I'm worried. That's the only thing that's bothering me now is, now the new thing about free bus travel and they say they're going to have to cut a lot of* [bus services] *to save money. I'd rather pay the half fare as it was.*
> Andrew: *Hear, hear.* [general agreement]
> Rita: *I don't run a car and I've got two legs. I can get the bus, but if they start taking the buses off, so that we can all have free travel to save money, it seems to be ridiculous.*
> (Gainford)

Free travel for the over-60s was greatly appreciated by those participants whose income was restricted, but others such as Rita would have been happy to continue paying half-fare to maintain

the same level of service. Rita was not alone in expressing her concern regarding the provision of public transport. Those who in the past had been used to frequent bus services at intervals of around 10 minutes, now had to be content with a half-hourly service; and those who in the past had an hourly service, now had to be content with irregular services which often ended in the early evening. It was interesting to note that individuals' present perception of the bus service was in the majority of cases relative to what they had been used to in the past. The only clear exception being those very remote villages which have always had very irregular bus services. Therefore participants' wishes and ideas for improvement also related to what was available to them now and in the past. For instance, people in Rookhope who currently had only three to four buses a day and no evening service, wished for an evening connection from Stanhope which would allow them to visit relatives and friends in hospital, or to go shopping further afield, or even to visit a theatre or other events taking place in the afternoon or early evening. Gerald in Woodland suggested that older individuals needed more flexible transport than bus services can provide.

> Gerald: *I had a thought that if instead of subsidising the bus companies, and they do heavily, and the council complains about how much they have to do this, if instead of this they gave more travel vouchers, twice the price perhaps. We could use them on a local taxi and take away the subsidy from the bus company. It would be a better scheme, rather than the buses running around empty so much.*
> (Woodland)

The travel vouchers Gerald refers to are given by the council to people who cannot use buses instead of the half-price or free pass. The vouchers amount to approximately £30 per annum and can be redeemed with some taxi and coach companies. For people living in remote areas the value of the voucher often equates to one taxi journey to the nearest town, thus leaving them stranded for the rest of the year. Gerald's suggestion seems sensible in that it would allow older people to get out more often. On the other hand even double the amount would only allow for two journeys, which would still not be sufficient in supporting an individual's mobility and independence. Another suggestion made was that of a dial-a-ride scheme which exists in some other parts of the country. These are more reasonably priced than taxis and offer some flexibility as well as door-to-door transport, a necessity for many older and frail people. The need for flexible transport is also recognised in recent reports by the Department of Transport (DfT 2001; 2001a; ODPM 2003)

5.2.3 Driving and mobility

In this section I will be examining all those issues identified by participants which relate to the use of a car. Again I have included all issues that are either directly or indirectly linked to driving or to

being a passenger in a car in order to give a holistic overview of the experiences related to the use of a car among older people.

Driving is closely related to independence, in particular among those who live in remote rural areas (Joseph & Cloutier-Fisher 2005). It is thus not surprising to hear older people make statements such as the following by Olivia:

> *I love my little car. … I'd be totally housebound without it.* (Delves Lane)

Or Arnold's comments in the same group on giving up a car because of the expense:

> *I'd rather give up food. I would, I'd rather give up food. (*Delves Lane)

Both Olivia and Arnold are among the third-agers who lead very busy and active lives, and for whom a car is vital in remaining active in volunteering and leading country walks. Although both are physically able to walk and would be able to use public transport (unlike individuals such as Oliver in St John's Chapel who literally would be housebound without his car), they belong to a generation who have always owned or used cars and for whom it is very much part of their identity. This generation has grown up under the influence of the 'mobilities paradigm' (Urry 2000) which pre-supposes a high degree of independent mobility in the individual. Whole lives and daily patterns of routine have become dependent on the flexibility and convenience of travel that a car affords. But the independence of a car is accompanied by another kind of dependence to being able to use it, e.g. a dependence on car parking in towns and other destinations; a dependence on a certain amount of physical fitness in order to drive; good eyesight; dependence on safe road networks and other drivers' behaviour on the road. Although most individuals take these aspects of driving for granted and cope with them without thinking much about it, as people get older they become more of a challenge. Pat for instance recounts her stressful experiences of finding car parking at a hospital:

> Pat: *Darlington, Tom goes to the hospital there. The problem there is again, with good friends like Eddie and Edna, Tom has to go this afternoon and they're taking us because parking is dreadful. I mean you have to drive around, and Tom just hates it. Eddie and Edna drop us off because … that's quite often. You can't get parked; it's terrible. …So if you go to see the consultant, and you drive your car and back, I think we'd have to go two hours early, just to make sure you could get parked and get calmed down before you go in.* (Witton-le-Wear)

Pat and her husband Tom are fortunate in having good friends who will take them to the hospital. Other participants were not as fortunate and thus had to negotiate the car parking outside the hospital themselves. Two of the six hospital facilities in the study area were identified as being particularly problematic for car parking. In addition participants felt that there were insufficient

disabled parking spaces outside the hospital, for the one in Darlington participants mentioned that two spaces were available for the whole hospital. Considering the likelihood of hospital visitors being elderly or disabled this does not seem sufficient. In addition there seemed to be different policies regarding parking charges for the disabled outside of hospitals. Paying for hospital parking was generally thought by participants to be expensive, but especially unfair for those with a disabled badge. Some hospital parking was free for those with a badge, other hospitals charged for it. One illustration of the devastating effect of the cost of parking was given by Olivia who was not eligible for free parking:

> Olivia: *But when my husband was in [hospital] and he was dying and I needed to be there with him all day, I just couldn't afford it because of the parking. It was dreadful.*
> (Delves Lane)

Other participants also felt that charges were higher than what they could afford, especially when the parking period extended over several hours. In some of the more remote areas participants argued that the journey to a hospital 30 or more miles away to visit relatives or friends would only be worthwhile if one could stay for a longer period. In this way the cost of parking is added to the considerable expense of travelling a significant distance. As already mentioned, underlying this problem of cost and access to hospitals is the recent restructuring of hospitals in the area with medical specialisations in specific hospitals. This may be more efficient for the delivery of health care, but involves more travelling for patients and visitors and the costs associated with this add to the obstacle to accessing health care created by greater distance. Participants recounted experiences which indicate that the greater geographical distance between hospitals and patients is paralleled by a certain attitudinal remoteness between NHS staff and patients. This remoteness is due to a lack of understanding by staff of the geographical layout of the wider area, its transportation systems, and the distances and time it takes to access hospitals from remote areas. Participants for instance commented on being given unsuitable times for appointments or on a lack of appreciation by staff of the remoteness of some areas, as was indicated by one participant's experience in trying to get home from hospital and being denied transport because of the distance. As my understanding of mobility is not only about the physical act of moving, but also about the interaction between the individual and his/her physical, structural and social environment in which mobility occurs, the above points are vital in understanding the wider context of older people's mobility, their experiences and the challenges posed by social structures and institutional practices. The above examples illustrate how these structural changes of the NHS have had an (probably unintended but nonetheless decisive) impact on older people's mobility patterns and on their experience of accessing the service. Although this study has found no direct evidence, the challenges described

by participants in accessing health services may have grave consequences for those with less social and family support than most of the participants in the study had. There is a danger that these difficulties may eventually lead to a worsening of older people's health and a widening of the mortality gap between rich and poor (Coote 2009).

The problems described above with regards to parking apply also to other areas and facilities. The majority of those participants driving a car described parking difficulties of some kind or other, usually in the context of accessing shops in towns and villages, but also in accessing GP practices. Although this crisis with regards to parking availability affects all drivers in present day society, older people are particularly affected by it, as the following extract illustrates:

> Chris: *That is the main issue in Consett, the car parking; and the council will do nothing.*
> Rachel*: It's horrendous; it literally is horrendous.*
> Tony: *But then, Chris, you're on about car parking. I was in a meeting where there is a car park in Consett and it is from the head of the council our beloved councillor Watson.*
> Chris: *Yes, I was at that meeting.*
> Tony: *Were you at the meeting when he stood up and he says "There's plenty of parking at the Sports Centre"?*
> Chris: *Yes.*
> Rachel: *The car park at the sports centre is about a mile away and he says we can park there, but people have to walk there, up like a shot.*
> Chris: *How can you carry loads of shopping a mile away… it's unbelievable.*
> (Moorside)

The councillor giving advice on car parking in Consett obviously did not appreciate the challenges faced by older people. Apart from finding difficulty in walking such a distance, possibly uphill as Rachel says, there are other aspects of ageing which contribute to the challenges: Both Chris and Rachel for instance suffer from severe arthritis in the shoulder and neck areas (which is not unusual among older people) and find carrying bags painful in any case. Carrying heavy shopping over such a distance would be literally unbearable for them. Although they may not officially be designated as 'disabled', parking in the vicinity of shops is vital for their daily living and the maintenance of their independence.

There are other challenges which relate to the ageing of the driver of a car. Two of the challenges have already been mentioned above: Daisy (in Delves Lane section 5.2.1) had to give up her car because of the cost of its upkeep was beyond her means as a widow. And Jonathan in Middleton-in-Teesdale (section 5.1) queried his own capability of driving as an 80-year-old. Jonathan and many other participants of similar age self-restricted their own driving practice in relation to what kind of traffic they felt capable of dealing with. They admitted that they could cope with local journeys and

journeys to other towns that they were familiar with, but generally avoided long distances, city driving or driving at night-time. Night vision deteriorates as people get older (Margrain and Boulton 2005; Coote 2009), therefore this self-imposed restriction is understandable and sensible as Joanne's comments illustrate:

> Joanne*: Well, my disability is at night-time. I don't know that I would drive at night because my night vision is not particularly good. It's fine through the day, but at night I don't like going out at night because of that, because of my night vision. Which is why, if I'm going to the theatre or something like that, I would go by taxi rather than the car.*
> (Delves Lane)

Another aspect of driving which participants described as becoming more difficult is maintaining concentration or attention over longer periods. Generally older people tire more easily and this also applies to driving. Some may avoid long journeys altogether, or take more and longer breaks on the journey. George in Woodland has another strategy for keeping awake:

> George*: I have to chew bullets [sweets] to keep awake, dates and raisins in the thing down beside me.*
> Friederike: *Do you drop off while you're driving?*
> George: *Well, I actually have dropped off and left the road, just once, yes.*
> Madeleine*: Because if you gave up your car you'd never get anywhere.*
> (Woodland)

George is in a very difficult dilemma: although he probably realizes that driving at his age is not entirely safe, he has to keep going because of the remoteness of his village. It can only be imagined what a fright he must have got when he left the road, with fears for his future mobility and that of his wife who depends on him for getting around. By chewing sweets he is coping with the journeys as best he can, and is able to continue driving. But it is easy to see that this situation may soon become too dangerous for him to continue driving safely over longer distances. He may have to further restrict his driving to more local areas. There have been debates recently about older drivers and legislation regarding retesting at 70 years and other restrictions (DfT 2001; 2003; 2004). On the whole I found that participants were dealing very responsibly with possible safety concern regarding limitations to their driving ability. If they felt unsafe or uncomfortable about driving at certain times or in certain areas they would impose restrictions on themselves. For many older participants driving was about maintaining quality of life, independence and social relationships. I would conclude that in today's 'mobile' society driving is a necessity for older people rather than a pleasure.

5.3 Mobility and Health

The association in participants' minds of mobility with driving a car was very strong for those who could or did drive. Similarly the association between mobility and health was significant in participants' discourses. This connection was expressed either in concerns over future declines in health by younger and more active participants, or by older or frailer participants in the memories of what activities they used to do when they were younger and healthier. Some of these aspects have been explored in the discussion of the concept of *mobility* in Chapter 4, in particular the relationship between physical health and mental health and mobility.

5.3.1 Physical Health and Mobility

In this section I will concentrate on the more specific physical health conditions which older people find a challenge to their mobility. One example was given above: arthritis is a common condition among older people which causes much pain and restricts individuals in various ways, depending on the areas affected. I will give here only two quotes to illustrate some of the effects of this condition. Above we had some quotes which included references to arthritis: Harold in Stanhope (section 4.3.2) tries to ignore his condition whilst cycling 30 miles across the moors. He concedes though that he has to keep active in order to maintain his level of mobility, a break in exercise would be detrimental due to the effects of arthritis on stiffening joints. Jenny (section 4.3.1), in contrast, describes her husband's condition as being very restrictive. His arthritis seems to be disabling to a large degree, he cannot bend or walk stairs or use his hands. In the following quote Rachel describes her invisible 'pains', as she refers to them:

> Rachel: *Well, sometimes you can't get out, you're crawling out of bed because your body's just set, you're stiff, you're like a board and it hurts but people can't see the pain that you've got, not unless you've got sticks and a wheelchair or something; you're alright, but if you try to keep going and not rely on anything like that. I mean, like Chris says, many mornings you wake up and you think, "I just cannot get out of bed", but you make a supreme effort to get moving. An hour or a couple of hours and you're mobile, but it would be so easy to sit in the house.*
> (Moorside)

For Rachel and Chris who both suffer from arthritis, motivation to get around and to participate in the community help in overcoming the pain. But both also give examples of others in their community who either give in to the pain or 'wallow in self-pity' and thus do not make the effort to go out. As a result of the arthritis Rachel is restricted in driving long distances that are more than 10 miles. She relies on her husband to drive on those journeys.

Another common condition of ageing individuals which is often the result of arthritis is the replacement of knees and hips. Although the replacement restores some mobility to the individual participants do not seem to consider the artificial hip or knee quite in the same way as the original. Individuals have an increased consciousness of the 'foreign' part. This is partly due to fear of doing damage to the new joint as Jackie explains:

> Jackie: *Well, it's a case of being afraid in case I fall, because once you've had a few falls and once you've got a replacement you're petrified in case you do any damage.*
> (Delves Lane)

Jackie is conscious of this alien body part within her which requires special attention. She cannot take its functionality for granted in the same way as she did with her own hip. This may be partly due to a change in the physical mobility of the new joint. Surprisingly a new joint can involve some restriction of movement or discomfort.

Donald in Consett describes his restrictions:

> Donald: *I have got an artificial hip, so I'm restricted in some sense of the word, especially with my sport, but generally speaking not too bad. I can do jobs round the house, but I'm restricted in movement; bending down and getting down to things on the floor, but generally speaking I can walk reasonably long distances. I drive a car and get round quite a bit. So I think basically it's mobility within the house which is probably gardening and things like that which you are restricted in, just the fact that you do too much bending and you start getting aches and pains in my hips and back, but I'm better than most.*
> (Consett)

Although these restriction are not severe there is evidence that joint replacement does indeed have a negative impact on long-term functional mobility (Jones *et al* 2000; Sicard-Rosenbaum *et al* 2002) and quality of life (Shields *et al* 1999) despite improvements compared with pre-operative mobility. Some researchers recommend longer periods of rehabilitation treatments, which is supported by one participant who commented that the lack of confidence that many older people feel with regards to their new joints is related to the lack of support given by physiotherapists after the operation. It is therefore likely that more extensive rehabilitation support would lead to better mobility and more confidence among older people with artificial knees and hips (Sicard-Rosenbaum *et al* 2002).

There are other health conditions which restrict older people's mobility, most of them 'invisible' to the observer, such as peripheral vascular disease (lack of circulation in the lower limbs); asthma; and coronary heart disease. The effect on mobility of all of these conditions is similar: They prevent the individual from walking long distances and up hills in particular. There is often only a small step from being diagnosed with one of these conditions to becoming 'disabled' by them. The

borderline is somewhat blurred and depends on many factors, such as having multiple health conditions which become more common as people get older. Section 5.4 below examines some of the challenges faced by individuals with sensory impairments and more severe disabilities.

5.3.2 Mental Health and Mobility

In addition to challenges to mobility by physical health issues the individual's mental, emotional and spiritual health can also have an influence on both psychological and physical mobility. The relationships are in fact reciprocal in that physical health will affect mental well-being (and thus psychological mobility) and vice versa. Some of the relationships were already explored above in the discussion on psychological mobility, but here I would like to add some more specific examples of challenges to and by the individual's psychological mobility which may (or already have) become barriers to mobility in general. In this study I have found evidence of three pathways in which psychological and physical mobility relate: *firstly* a developing or existing mental health condition such as depression or dementia may influence physical mobility. This may be either through a reduction in motivation to go out or a change in character and disposition through the illness, or a combination of both. The following comment by Thomas about his wife's mental illness illustrates this:

> Thomas: *Anxiety and depression after an operation. She had an operation on her spine. Before that she was a human dynamo. You couldn't stop her and I was the one that was the one that was, "Oh for God's sake give me a rest." She was full of life. She used to drive around, didn't she, and then she had that operation and she came out and just went downhill and she's been on tablet after tablet after tablet [since].*
> (Copley)

As a result of the condition his wife has become very reluctant to go out and meet people, particularly those she does not know. As she will not go out by herself, as her carer Thomas essentially has become equally reclusive. I have already discussed above the effect this has on his own mental health (section 4.3.3). For Thomas who is a chatty and sociable person, this enforced reclusiveness has detrimental effects on his mental well-being. This situation is typical for those who become carers. A reduction in physical mobility through mental health issues can also be effected through the way in which society relates to people with mental health problems, where social values or practices cause the individual to become withdrawn from general society and habitual practices. For instance Charles's physical mobility situation has changed since his diagnosis of dementia a few months previously. Where he used to regularly take walks in the village and beyond and was active in the community centre, his activities have now been restricted as a precaution by his advisors and his family for fear he might get lost.

> Charles*: I did a lot of walking. When I was told I had dementia I had to stop that. …*
> Beth*: He went out a few weeks ago, and he didn't know how to get back. He had to ask somebody. And* [the nurse] *says, he doesn't go anywhere on his own, not for walks, somebody's got to be with him. …*
> Charles: *Now, as I say, I can just go to the shops and things. I've had to cut some of the other* [walks].
> (Dipton)

Charles has lost much of his physical autonomy in moving around independently outside the home because of his mental condition. He is essentially treated like a child in being constantly supervised and told what he is and is not allowed to do (see also the exchange below in which his wife tells him off for worrying). Although he is physically able to walk and get around he has been restricted through the diagnosis of dementia. As a consequence of this diagnosis and the loss of control over his life which is accompanied by this, Charles has also lost some of his confidence. He has already lost part of his identity and part of his consciousness of the present and is unsure of his future as someone who will be entirely dependent on the goodwill of his family. The dialogues between Charles and his wife are full of contradictions, which express some of Charles's feelings of insecurity as illustrated below:

> Friederike: *Do you feel you've lost your independence a bit since you can't go out by yourself, or how do you feel about that?*
> Charles: *No, it worries me a bit since I was told I had dementia.*
> Friederike: *It worried you?*
> Charles: *I mean, I couldn't get it out of me mind, that's true. It affects us that way. Every thing else has been all right.*
> Beth: *You shouldn't worry about it.*
> Charles: *I don't. I haven't been …*
> Beth*: I didn't know you were worrying about it.*
> Charles: *I couldn't get it out of me mind, you know.*
> Beth*: Oh, you're going to get slapped Charles!!!*
> Charles: *What obviously happened was, they told us, informed us that I had dementia. It was on the 22nd and they came and told Beth I had dementia. They didn't tell me. And they knew I went up there [day centre] on a Thursday and a Friday so they came to see Beth when they knew I wasn't going to be in. To talk to her, to tell her I had dementia. And that's what happens all the time. They keep coming down to make sure she's alright. …To see if they can help. I wasn't happy about that like. Being kept in the dark.*
> Beth: *It was best for you.*
> Charles: *Oh, I see, you get a whisper. As it [dementia] gets on you'll get stuck in this [care] home …I don't like the sound of that.*
> (Dipton)

Charles has been unable to express his concerns because of the general secrecy which seemed to surround the diagnosis of dementia. This has further undermined his confidence because of the lack of information given to him, and thus a lack of control. Although still in the early stages of dementia decisions are made for him rather than with him. As we have seen this loss of control

extends over his autonomous mobility outside of the home. Charles always enjoyed his solitary walks, but is now dependent on a family member to accompany him. Charles's example illustrates the complex relationships between the individual's physical mobility, their mental mobility and well-being, family support (in this case over-protective), social networks and even institutional practices. All of these have combined to undermine his confidence to a much larger extent than what is warranted by the condition itself.

The *second* pathway in which health, psychological and physical mobility may be related is illustrated by Agnes's example. In section 4.3.6 I discussed her life course and her reluctance to expose herself to the pity of others because of her severe arthritis. She feels herself to be a nuisance to others. Her physical condition has resulted in a loss of self confidence, as the following illustrates:

> Agnes: *A person with arthritic hands couldn't pick a pair of scissors up because you go for your scissors and they don't work. You can't comb your hair. When you go to the toilet, you have great difficulty even pulling your pants up, you know. It undermines your confidence.*
> (Lanchester)

Thus the difficulties she faces as a disabled person are further exacerbated by the gradual loss of confidence in being able to deal with the many challenges faced by people with disabilities which threaten autonomy. Here the (*third*) pathway or relationship between psychological and physical mobility is one from physical disability to a mental and subsequently further physical withdrawal forms of interaction with the outside world, avoiding potential conflict through the avoidance of certain places (such as crowds) and situations.

> Agnes: *When you're in the scooter, no, no. [People] will not give way. I always give way 'cos I always feel, well, I should basically because, you feel a nuisance and you see, I was in Asda one day and this old lady – you know how they get the fixtures – and I was wanting a water melon for the tortoise and I was coming around this fixture and this old lady was coming around the fixture so I started to reverse 'cos I was on the scooter and she said, you know, a real salt- of- the- earth old lady, "Now yon ninny" she said. "I've got me legs, ye haven't", she says "Come on, get yourself along." And I said "Oh thank you very much." And these two girls, quite young with push chairs, came straight into the thing, after the old lady had stood to one side…. They just barged straight through. Then she said "Have you two no manners?" "Fancy" she says "this lady's trying to get through" she says "and you two have just…". Oh boy, did she have to put up with some cheek of them. And I thought, "Oh my word, I don't think I could cope with that." She gave them as good as they got, but I thought, "I've started this row, you know. If I hadn't been there on my scooter, the old lady would have come round the corner, she would have got on with her shopping". And I felt as if I'd started... I felt I'd given that old lady trouble.*
> (Lanchester)

As a result of experiences such as these, Agnes avoids supermarkets which have added displays in the aisles and which make manoeuvring with the scooter difficult. Agnes herself concedes that she has seen others in similar situations who were less eager to avoid confrontation. She comments that individuals with sufficient confidence to stand up to others may have an easier life. Because of her avoidances and lack of confidence Agnes's physical mobility is restricted further than is necessitated by her disability.

5.4 Mobility, disability and impairment

Those individuals who have physical disabilities (PD) or sensory impairments (SI) face further challenges in their daily mobility in addition to those already mentioned. The issues and examples in this section were mostly taken from the analysis of the interviews with people with PD and SI which I conducted as part of this study. I should point out that all individuals interviewed had acquired their PD or SI over relatively recent time, not as a life-long condition. This is important for a number of reasons, for instance, an elderly blind person has never been given training to cope with the changed circumstances, whereas if the person had been blind from a young age they would have received training in getting around and living independently, and they would have had the opportunity to develop coping strategies over many years.

Individuals with PD or SI are most at risk of becoming isolated if the necessary support from either family or statutory and voluntary agencies is lacking to enable the person to leave their home. This section discusses the obstacles faced by older people with PD, SI or extreme frailty. Environmental gerontologists would describe this group of people traditionally as individuals who lack the resources or coping mechanisms to overcome 'environmental press'. In this approach the environment and potential obstacles are regarded as a problem (of primary existence) to which individuals have to adapt in order to overcome them. Although I will describe the obstacles individuals with PD or SI face in their daily lives in getting around, my underlying assumption is one I mentioned earlier in the context of ageing and disability: I would argue that the physical or socio-structural environment disables ageing individuals with or without disability or impairment, and that as a society we can do a lot more to make environments enabling, to adapt structures and procedures to flexibly support the individual ageing person. The evidence from this study suggests that where families are absent, structural agencies do not offer sufficiently flexible support to enable the older person with PD or SI to remain independent, to go out and participate in social life or the community and thus maintain physical and psychological well-being. The conclusion to be dawn from this study is that older people with PD or SI need individually tailored support

mechanisms, as their requirements are very different. Bearing these individual differences in mind, for the purpose of identifying obstacles to daily mobility I will focus on two groups: those with PD and those with SI, whose needs in terms of access or restrictions are very different. In one individual (Anna) the two conditions overlapped, which resulted in a complex and challenging situation for both the individual and service providers involved.

5.4.1 Challenges faced by individuals with physical disabilities

Individuals with physical disabilities in this study had a variety of conditions and some were more mobile than others. The majority of those interviewed made comments which essentially compared their own situation favourably with that of others. Agnes who has severe arthritis comments at the end of the interview:

> Agnes: *I feel that I don't live a boring life. Because I don't let myself get bored. I feel you can, I think it would be awful, just getting up and sitting in the same chair. I am very fortunate that I can move around, you know, not wonderfully well, but I think it must be very hard for people that are stuck in a wheelchair all the time. You know, it must be dreadful.*
> Friederike: *So you manage to get around the house okay?*
> Agnes: *All the time. Yes. Definitely. Up and down stairs in my stair lift, you know.*
> (Lanchester)

In this quote the relative understanding of mobility is again illustrated, as was discussed in the previous chapter. Mobility for Agnes is the ability to move around in her home, even though she needs a stair lift to do so. Although it is slower than she would like, the stair lift enables Agnes to maintain a certain amount of independence and thus a positive attitude towards life. Even for Agnes, who is disabled, physical movement is associated with living a meaningful (i.e. an interesting and varied) life. Ken, who has Multiple Sclerosis (MS) and is unable even to adjust his own position in his chair without assistance, also comments on others who are worse off than himself:

> Ken: *No good grumbling to myself, always somebody worse off than yourself. I've got loads of friends that's got this [condition] and I mean I talk to them, you know, at the meetings we used to have. It's maybe once a month? You're talking to them one month and you see them the next month and that was it. They're in a wheelchair, and they're all twisted and everything with MS. So I've got slower progressive….I says, I'm glad for that.*
> (Delves Lane)

This type of attitude was associated among participants with having a general positive attitude to their own ageing, disability or impairment. It is one of the mechanisms of coping, which were discussed above. This is not to say that individuals did not also wish at the same time that they were

more mobile, but they did not spend too much time dwelling on aspects of their situation which they could not change. Ken's wife Barbara who also looks after him comments:

> Barbara: *Positive thinking. That's what we do. …So we don't allow any depression or anything, do we? I try and keep a cheerful house; and flowers and just nice, do you know, nice things.*
> (Delves Lane)

Most participants, who needed a wheelchair or scooter in order to get around on the other hand felt very strongly that they could influence the public or statutory agencies and service providers to improve facilities for them. For example Ken and his wife Barbara had been campaigning with the County Council to have the kerbstones lowered in their neighbourhood for many years before finally they were altered to enable Ken to go into the village with his wheelchair. According to the couple this process took 15 years, an unimaginably long time for an individual to be unable to visit even the village. Now all Ken has to contend with are those individuals who inconsiderately park their vehicles across the lowered kerb which continue to make his journeys difficult. His suggestion was for the Council to draw yellow or white lines across those areas in order to prevent cars being parked there, but this has so far not been taken up. Hilary's comment illustrates the experiences of many individuals who depend on wheelchairs or scooters to get around. She says: "You get so used to struggling all the time" (Barnard Castle). Small changes such as lowered kerbs or automatic doors can make a huge difference to the quality of life of a disabled person. In Stanhope a participant pointed out the difficulties a wheelchair user has in accessing the riverside walk due to the position of a lamp-post on the pavement. This walk is situated just next to a housing development for disabled people, so making it accessible would enable residents to enjoy the river walk.

The lack of comprehension or consideration of able people for the needs of the disabled is a very common obstacle for people in wheelchairs or on scooters. Like Agnes in the above extract (Section 5.3.2) Ken and his wife Barbara have experienced difficulties in supermarkets and department stores with the placing of displays in the aisles:

> Barbara: *He cannae get through and they have these tubs and baskets…*
> Ken: *Stuck in the middle.*
> Barbara: *So I wrote to suggest that the manager sits in a wheelchair for a day and goes round his store.*
> Friederike*: Yes, did you get a response?*
> Ken: *Don't think we did.*
> Barbara: *They all do it. So we don't go right when all the Christmas crowds are there.*
> (Delves Lane)

Some participants have taken the initiative to educate others about their inconsiderate behaviour, as Barbara's example shows. Unfortunately participants felt that others did not respond well to this,

either ignoring it or becoming rude as in Agnes's example with the two young women. Hilary who uses a scooter, gets very frustrated when she cannot access the park with her dog:

> Hilary: *The only difficulty I come across is going around the museum with the dog to get into the shrubbery part where she likes to walk around. I have to use a ramp to get up and always somebody parks in front of it and I could go mad at that. I've even taken sticky notes with me and stuck them on the windscreens.*
> Friederike: *Well, that might be quite effective. Has it worked?*
> Hilary: *No.*
> (Barnard Castle)

The two example show that people using wheelchairs or scooters are not only restricted in terms of **where** they can go, but also **when** they can access certain places, avoiding certain times of the year such as Christmas, or other busy periods when places are crowded. Access to public spaces or places of interest is often fraught with difficulties. Although many participants reported that they inquired in advance about the accessibility of a building or place, experience tells them that ninety percent of the time they are given wrong information. This means that people with disabilities have to rely on those who are aware of their needs to scout out the facilities and accessibility of places. Among able people there seems to be a lack of understanding of the accessibility needs of wheelchair or scooter users. I would recommend that anyone working in a public building should be educated regarding the requirements of disabled persons and the accessibility of their own building. The following extracts illustrate some of the experiences of participants:

> Barbara: *I usually do a recce to see if we can go anywhere.*
> Friederike*: Oh right, so you don't ring up and ask.*
> Barbara: *Well, I've done that in a pub and the concert 'cos there was one when we went with the luncheon club and Bobby and June and that we decided we'd go for a pub lunch and I rang up …. And I said "Can you get wheelchairs in?"- "Yes." We drew up and she didn't tell us they had a step at the front.*
> Ken: *Big step.*
> Barbara: *We couldn't get in. Couldn't get in, so then we went to the Carlton. Yes, you can get in that way, but you can't get in that way to the dining room because of the big step …*
> (Delves Lane)

And Agnes' experience of a visit to a historic house in Durham:

> Agnes: *So, the girl at the bottom had told us that the house was accessible…When the lady came to bring out cream teas, I said to her: "Excuse me, but is the house accessible for somebody on a scooter?" She said: "Oh no, you'd never get in there", she says, "You wouldn't even get down to enter it." I said, "Well, the girl at the bottom's charged us £12.50 for access to the house", and I said, "I noticed the gardens all have gravel paths." I said, "The scooter just won't do it." She said: "Oh I'm really, really sorry" she said, "You should never have been told that the house is accessible, and that the paths were accessible because they're not." So she came back and gave us our £12.50 back. So we had our cream tea but getting back down that hill …oh my word, I was … the perspiration was just running off me. I was terrified 'cos it's like that [steep], you know? But never mind, we got*

back down and 'cos Alf got a hold of one end of the handle and one of the arms of the scooter and Emily.
Friederike*: Holding it back?*
Agnes: *Yes, so we managed to get down, but it was an experience I wouldn't like to do again.*
Friederike: *So, what do you normally do if you want to go somewhere where you haven't been before?*
Agnes*: Well, we usually ring up but you always get the wrong information.*

Not only are those experiences frustrating for the individuals and their families, but at times they actually put the individual in danger as Agnes's experience illustrates. She would have been unable to negotiate the steep path without the help of her husband and daughter. Accurate information on accessibility and available facilities of public spaces and places is vital in enabling the person with PD to be mobile, independent and safe.

Frail older people and those with PD become dependent on others, in particular family, to support their mobility. Participants in this study gave examples where relatives had given them a lift for shopping or for days out, going on holiday, access to health service or for visiting relatives. This type of support is rarely available through statutory or voluntary agencies whose support services are very circumscribed and generally limited to accessing hospitals and GPs. Having a supportive family (usually children) made a huge difference to the quality of life of the person with PD and their spouse. Regular shopping trips were appreciated as much as occasional days out in the country. Elizabeth here talks about her frail elderly mother whom she looks after:

Elizabeth: *There's a definite difference in her and her attitude if she doesn't get out. She becomes lethargic, she loses interest in things, she doesn't converse, she doesn't eat, she doesn't drink. It's just as though there's a cycle, that she needs stimulation to keep everything going and if it doesn't it just stops and I think she gets depressed; and we're just really lucky that we can get out like we do and I feel very sorry for people who are inside and who can't get out and don't have many visitors because it must be awful.*
(Barnard Castle)

In this example the link between physical and psychological mobility is discussed, as well as possible mechanisms and processes involved in influencing the well-being of an individual: physical mobility in leaving the house contributes to a psychological mobility or alertness (i.e. feeling connected with the wider world) which stimulates interest and mental well-being, which in turn influences physical well-being and mobility through food and drink. Elizabeth refers to this as a 'cycle' and this term illustrates the relationship between psychological and physical mobility, a cyclical and oscillating, if complex, movement over time between the various aspects of the mobilities which contribute to the individual's overall well-being. The following example illustrates the detrimental effect which lack of family support can have on an older person. Jane is unable to leave the house without help. Her daughter lives about an hour's drive away and visits

only briefly at long intervals (every 4-6 weeks). She is not available for everyday support in getting around. This lack of support and thus lack of mobility has a visible effect on Jane in that she becomes easily depressed and negative about her life:

> Jane: *My daughter lives at [a town] which is about 30 miles from here. She's got a great farm so she hasn't time for her mum. She'll come, and do my shopping, stock my freezers up and say: "I have to go Mum. I've the bullocks to feed" or she's something to do, so I don't see much of her….I wish she could stay….*
> *Even if I want bras and lingerie I can't get anywhere. In fact I had to ring, the girl … [she] was a wonderful cleaner, she runs some sort of a club that sells underwear and I had to say: "Annie, will you get me some new bras?" You'd think me daughter would have taken me, wouldn't you? But they're so busy on the farm, what could she do? So that's dreadful.*
> (Egglesburn)

Jane even went so far as to convert the loft into a guest room and equip it with a computer in the hope of visits from her grand children. The grand daughter did not visit and Jane's disappointment is palpable in this quote:

> Jane: *Although [the room] has got a lovely bed in and everything, and a wardrobe and a dressing ….. it's so big you know, it's massive. It's got a proper dressing table and lovely chairs and then it's got the separate computer desk; I was so sure my grand daughter would come but she hasn't.*
> (Egglesburn)

Evidence from this research seems to indicate a definite link between the older person's attitude and the amount of family support available. This link is stronger among those who are dependent on help from others to get around. Above I was discussing the positive attitudes of many individuals with disabilities or impairments. Noticeably those individuals, who did not dwell too much on their disability or impairment but tried to enjoy life as best they could, all had strong support from family, friends and neighbours. In some examples it was almost as though the family had spun a web of support and a cocoon of safety for the person with PD, as the disability can leave the individual feeling exposed and vulnerable to the neglect, exploitation or ridicule of strangers. Ken's example illustrates this exposure and vulnerability even in his own home:

> Barbara: *We did have an intruder once, a young man walked in, and I was at the theatre.*
> Ken:*I couldn't….*
> Friederike: *That must have been scary.*
> Ken:*It was, but I don't know how old he was 9 or 10….He came in, I said: "Son, I don't know you." He went then: "I'll have those" and I said: "No, leave them alone." And Sam had left some…. "Oh I'll have that." I says: "Leave that alone son." And at the finish I got rid of him, but it took ages.*
> Barbara:*[Because] I hadn't locked him in.*
> Friederike: *Now he's locked in?*
> Ken:*[Visitors] have got to press a button now and that [machine] rings and I lift that [receiver] there. I mean on a day like this I can see them and if I don't like them or don't know them I don't let them in. That's a good thing, that. …*

> Barbara: *Ken can't get up to open the door anyway. So he's vulnerable, if I leave the door open, people can see. You know if anybody walked in they can see he cannot do anything. So, they [Social Services] put [the remote door control] in for us, which is great, 'cos now I feel, I can just drop the snib and he's in control and I know he's safe.*
> (Delves Lane)

Although this seems an extreme case and situation, it illustrates the vulnerability of people like Ken because of his visible inability to move around. The feelings of fear, vulnerability, humiliation and frustration at his inability to deal with the young intruder can be imagined. Incidents such as these have left Ken weary of being left alone with strangers. Initially when I arrived at his house for the interview he asked his wife to remain in the room with us although he later felt comfortable enough in my presence to allow her to leave the room to put washing out. The following extract also reveals another issue which can arise for individuals who are dependent on others. The carer or spouse develops a habit of speaking *for* the person who is cared for.

> Friederike*: I think I'll just tell you what I'd like to cover today, what sort of questions I'd like to ask, and then I'll just talk to your husband if that's alright?*
> Barbara*:That's alright 'cos I'm used to speaking for him.*
> Ken*:I just thought…..*
> Barbara:*'Cos of his hearing.*
> Friederike:*… what I'm hoping to talk to you about is the place that you've grown up in. I don't know whether you've grown up in [this village]?*
> Barbara*:No. See I'm talking for him.*
> Ken:*Just stay there with me; I'm happy with you there.*
> Barbara*:Alright, I'm not going to leave you.*
> (Delves Lane)

In the three cases where I interviewed couples it was always the women as carers speaking for their husbands. (And it is easy as interviewer to fall in with this attitude of talking over the head of the disabled person present- see above quote: Friederike: 'Now **he'**s locked in?'). I believe from observation during and analysis of these interviews that there are several aspects which might lead to the development of this habit. It was evident to me as an observer that the wives were very fond of their husbands, Barbara observing at one point that she did not mind looking after her husband because she loved him. Their affection was shown through small gestures and the tone of voice in which they spoke to and about their husbands. In this situation where the men could no longer look after themselves because of a physical or mental incapacity, and thus were vulnerable, the women became very protective of their husbands. From my observations during the interviews I would conclude that this protectiveness was probably partly an expression of their love, and partly due to the fact that their husbands had lost their independence and with that they had lost something of their individual identity as self-directing adults. As in the case of Charles and Beth the cared-for person, Charles, loses control over his own life and becomes child-like in losing his autonomy for

instance in making decisions regarding his mobility (section 5.3.2). Like a child Charles is unable to move around freely, partly due to the nature of his incapacity and partly due to the (over-) protectiveness of his wife and family. As was discussed in section 5.3.2 this development can be paralleled by a loss of self-confidence in the cared-for person which perpetuates the cycle of dependency. I would like to put this kind of dependency into the context of the previous discussion on independence because it could be argued that this dependency is just a form of interdependence in a couple living together. I would argue that the difference between interdependence and dependency in a couple is a matter of balance in the relationship between the spouses. Many of the couples taking part in the research spent much of their time together within and outside of their homes. But even with those who live their lives more individually the roles of wife and husband determine the (more or less) equal distribution of tasks for daily living, based on a certain degree of individual autonomy in doing those communal tasks as well as looking after oneself, socialising and maintaining family and social networks. This interdependence is essentially based on individual self-directed and motivated actions, but they help the couple to function as a unit. In contrast when one partner becomes dependent he/ she can no longer carry out one or several of the tasks necessary for independent living, e.g. looking after oneself, moving around within or outside of the home, sharing household tasks or carrying out tasks which were part of their role as husband or wife (such as driving a car or going to the bank). The dependency can be in any or all of those spheres. This means that there is a shift from interdependence to dependence of one partner on the other for more and more of their activities of daily living. And although the couple will continue to be a unit, it is one of the partners who will do the majority of tasks associated with supporting the unit, often providing both practical and emotional support to the cared-for person. The women who were caring for their husbands, as well as the men themselves in this situation stressed that it was laughter and humour which got them through it all. A positive attitude, family support and humour seemed to be what couples use as resources for coping in these circumstances (resources and coping will be discussed further in section 5.6 and Chapter 7).

Individuals also face challenges in accessing support from social care providers, community groups or voluntary agencies and support groups. When offered, the support is indeed helpful for many disabled individuals. This may be in the form of information, provision of aids to mobility such as stair lifts, access to care or opportunities for socialising. Initially participants commented that they did not know what organisations were available in the area and what type of support an organisation might provide. Individuals also struggled on in difficult circumstances because they lacked information on their entitlement for support from statutory agencies such as the story by Barbara and Ken illustrates:

Barbara*: … it was not [this] Christmas, but the Christmas before, I had three policemen lift [Ken] up off the floor and we didn't have carers or anything and I thought 'How am I going to get him up?' And there was two young policemen came and they were boys to us and they couldn't lift him up and they sent for an older fella and they got there and everything. [Ken had] wanted to be up four o clock in the morning and it took us an hour to get him from the bedroom to here and as I was getting him in the chair he slipped away from me, half under the table and I put a pillow under his head and covered him up and rang the police for help. I didn't know what else to do.*
Ken*:When the two young lads come they had no training in how to lift people properly. I'm 14 or 15 stone, no chicken feed to lift off the floor. So, stiff as anything. They sent for this elderly policeman who showed them what to do. But people said: 'You should have phoned the paramedics.' But we didn't know then, did we?*
Friederike*:Did it take you a long time to get help – the carers?*
Barbara*:It was the elderly policeman said: 'You need help and you need carers. Get on to social services.' So I got on to social services and the occupational therapist was here just straight after Christmas.*
Ken*: Yes, he was, aye.*
Barbara*:And could see that we really needed help. You know, I couldn't take it on by myself. All the times and from then on things just …. They took over.*
Ken*:No problem.*
Barbara*:Got carers in for us and just took over.*
Ken: *Very big help indeed.*
Barbara*:Because I was panicking, because I couldn't cope. I got to the point where I couldn't cope anymore and I was exhausted trying to cope with him.*
(Delves Lane)

The above crisis served as a catalyst for asking for support from Social Services. The policeman's comments validated Barbara's own feelings of desperation and thus gained her entitlement for outside help in her own eyes. As a result both Barbara's and Ken's quality of life have improved. Having access to one type of support then opens up avenues for further help. The lack of knowledge of the care system and of possible entitlement to and availability of support had become a barrier for the couple to improving the situation. Through the carers the couple now have access to information on other support available, and as a result Ken has received equipment which allows him to be lifted into and out of a chair, as well as his specially adapted bed and his scooter. This means that there is now a safer way for his wife to move him around within the home and it allows Ken to get into his scooter to leave the house. For Ken, having the equipment has become essential in maintaining a minimum amount of independence, as being able to attend the weekly lunch club is vital for keeping him connected with the outside world and for his general well-being and happiness.

5.4.2 Challenges faced by individuals with sensory impairments

The challenges and obstacles to mobility faced by individuals with sensory impairment differ from those with physical disabilities although some do overlap. As already mentioned one participant

had particularly complex needs because she was blind as well as suffering from complex medical conditions which were the basis of her physical disability. Anna continued to live in her own home in Gainford, a three-bedroom semi former council house because she refused to move out (see above quote section 4.5.2). Her attachment to the house as a long-standing family home was stronger than the barriers it had created for her because of her disability. For instance she had great difficulty getting up the stairs, but the process of having a stair lift installed was further complicated by her visual impairment. Various assessments had to be made which drew out the process interminably and exasperated Anna as this quote illustrates:

> Anna*: …and I'm getting a stair lift through the DHSS I hope. I've had seven people up 'til now.*
> Friederike: *They've come to look at it?*
> Anna: *To look at me, to look at the stairs and look at the electric and tell me if I can have one.*
> Friederike*: It seems quite a long process then.*
> Anna: *'Cos I said the other day to me son: "If I'd known I'd never have started it."*
> (Gainford)

Anna's experience with social care services contrasts with that of Ken and Barbara who are very happy and grateful for the support they are given. One of the reasons for Ken's and Barbara's contentment with the support they receive is that what is offered fits with their needs which are mostly related to help with washing and bathing. Anna's needs are on a different level because of her visual impairment and support services are less equipped to meet those needs because of a lack of flexibility in what type of support activities can be funded by social care services. This means that for Anna the encounter with Care Services is a constant struggle and cause of frustration. Although these frustrations may seem minor when taken individually, for Anna they add up to further restrict her independence and choices rather than supporting them. The following quote is based on a conversation during a visit to Anna by a Social Worker which illustrates the lack of understanding by the social worker of Anna's real needs. It also illustrates the lack of respect shown by the care professional towards Anna who is dependent on the support they provide.

> Anna: *[The Social Worker said]: "What do you have half an hour's shopping on a Tuesday for?" I said: "Because it was given to me." I ran out of milk and then to have the, the girl [the carer] wouldn't go. The girl wouldn't go because it wasn't on her list. There was another time I had to have some medicine collected and it wasn't on a Thursday which was shopping day. I said: "Could she go and get it?" And she added quarter of an hour on to her time, odd things you might have forgotten. But I was allowed an hour on a Thursday because they went to the post office and butchers and all that. [The social worker said:] "I see no reason whatsoever why you can't put your meat in the freezer." No: "Your bread in the freezer." I said: "Thank you but I don't like my bread in the freezer." [She said:] "And you can get your milk delivered daily." I said: "No. I stopped it 'cos I had more milk in my fridge than the dairy had, and I don't want it, I want it when I want it."*
> (Gainford)

In this situation the lack of flexibility in the care system restricts the few choices that Anna has left to make. Why should she not have someone to go to the shops on a Tuesday if this means that she can have fresh bread and milk? She is still capable of looking after herself, so she doesn't really need a 'carer' as such, but rather a general household help and cleaner. This conflict also causes frictions with the carers who see their role as more closely related to nursing/ caring activities, not the cleaning jobs which Anna requires. The following gives an example of the continuous conflict:

> Anna: *This morning I said [to the carer]: "I'm over the moon I've conquered the onions at last." I said: "I know how to do them now" and they were all done, and she went and wrote in her book: "peeled and chopped onions for Mrs Howard". … I was annoyed and I said to another [carer] that came: "I want you to look in that book and see what she's written." She said: "Are you annoyed?" I said: "Yes. Will you please take a pen and scrub that out. I don't mind anything you do but", I said "I will not have her writing she's done jobs when she hasn't." [Because] I'd already had a go with her. She was sent to do an hour's cleaning. I said: "Would you mind moving those chairs before you hoover?" She said: "I'm not moving them, I'm a carer not a cleaner." I said: "Well, you're no good to me." I said: "Those chairs need to be moved", and I moved them. And I put them back. And then I had a visit. They come round and ask: "Are you satisfied?" I said: "No. I'm not." I said: "She's no good and there's no use sending her here."*
> (Gainford)

In this case the carers and social workers seem to have very definite ideas about what types of support an older person may be entitled to. Those relate mostly to the basic physical needs and bodily functions of a person such as eating and washing. Although the Government Green Paper on *Independence, Well-being and Choice* (DH 2005) has outlined a holistic framework for outcomes in Social Care work which includes the home environment, the practitioners in this example demonstrate a lack an understanding of how the home environment also has an important effect on the well-being and even physical health of the individual. One could argue that most of us, and in particular the women in this study, have a need to live in a clean home. For many women of this generation this is therefore an important aspect of maintaining a dignified appearance and identity. Ideally the type of support Anna needs is a companion who will do household tasks, but who would also be able to accompany her to the shops in the village, pushing a wheelchair if necessary or taking a taxi or bus together. Because, like Jane (section 5.4.1), it is a *companion* she needs to go out with, she doesn't necessarily need someone to do the shopping *for* her. The lack of a companion has effectively made Anna housebound except for those occasions when her son takes her out. As a result she cannot access her bank account, which is located 8 miles away in the nearest town:

> Anna: *Since [I haven't been able to use a pension book] we've been to the bank and I get a card to sign, I have no PIN number, I sign. Bit of trouble at first because they used to say: "Oh no, no, no". It's through the bank and yes, I'm allowed to use it. There is another system coming somewhere but I haven't heard the full amount, where they are allowed to*

get the pensions from the post office. But there was such a mess up. I had it put in the bank; 8 miles before I can get any pension…. And if nobody takes me then there's no money. (Gainford)

Several factors are here combined to make access to money very difficult for Anna. At some point in the past when the old system was changed Anna transferred her pension from the post office to a bank. This decision was possibly based on insufficient information about the system and what the consequences of this change would be for someone in her situation. There is a post office in the village, but no banks. And in addition, because of her visual impairment Anna is unable to use the PIN system, so special allowance has to be made for alternative arrangements such as a signature. And of course her visual impairment means that she cannot travel by herself, compounded by her physical disability which restricts her physical mobility. In order to avoid this type of exclusion from financial services which Anna is essentially faced with, measures have to be put in place to allow for more flexible ways to access money and pensions in particular. In addition, advisors need to be able to explain the changes in the system to individuals such as Anna, highlighting the consequences for their own individual circumstances of making certain choices. This kind of advice and information should be easily available and accessible, because a wrong decision can have detrimental consequences for the individual's quality of life and inclusion in society.

Although the care services are meant to support her *independent* living, Anna's disability and impairment make her very *dependent* on the support of family and care services. Trust is an important aspect of these relationships of dependency. Many of the individuals interviewed in this study were fortunate in having family whom they could trust completely, who essentially had their best interests at heart. But Anna's example illustrates how the dependency and its resulting vulnerability can also lead to an abuse of this relationship of trust. The quote above regarding the incident with the onions and the carer illustrates this. Because Anna could not see what the carer had written in the diary, it was easy for the carer to write an untruth (whether that was mistaken or deliberate cannot be verified of course, but Anna seemed to think that this had not been a mistake). Another example which could be regarded as an incidence of elder abuse or exploitation is illustrated by the quote below:

Friederike*: Do you find it difficult sometimes being dependent on other people?*
Anna*: Yes, very much so.*
Friederike: *You get frustrated about it?*
Anna*: I think I've spent more tears the last few years than in my life. I want to thread a needle, I used to do a lot of embroidery you see. That's what I used to do: knitting, crocheting, sewing. Oh no. My daughter …., she was my daughter in law, I think she still is but she was married to my son who died, she rung up and she said: "Mum, can I have your [sewing] machine? You can't use it." So I said: "Let me think about it." 'Cos I knew if we wanted a machine he could use it – me son. 'Cos he's been looking after himself for years.*

> *He's been divorced twice. And I said: "I'll let you know." And she turned up one Friday morning – from Scotland – "I've come to borrow your machine." So I waved it goodbye when it went out.*
> (Gainford)

Anna had owned the machine for many years, it had been a present from her husband, so she was understandably attached to it, although she could not use it anymore herself. She expressed annoyance as to the manner in which her daughter-in-law had just taken it away without waiting for her explicit consent. In the very least it shows a lack of understanding in the daughter-in-law of the meaning that the machine held for Anna, the attachment to an earlier time of her life when she had been able to use it. The machine was filled with memories and had become part of her life. At worst, this incident shows complete disregard for Anna's wishes, which could be interpreted as an exploitation of the vulnerable position Anna is in. But Anna is obviously aware of her own vulnerability. She has found ways to fight for her rights and has introduced checks to make sure that her trust is not abused, such as when she was asking the second carer to read what the first one had written. In the case of the sewing machine she may have felt that the issue was not worth a possible argument with her daughter-in-law. In fact Anna shortly afterwards purchased a new machine for herself and her son. In spite of her many frustrations she generally knows how to fight for what she believes is her right which is closely linked with feeling in control:

> Friederike*: And generally, do you feel in control?*
> Anna*: Yes. Sometimes I don't go as far as I should, sticking up for myself, but nine times out of ten – yes.*
> (Gainford)

There are noticeable differences in individual's attitudes to their 'rights' and whether they would fight for them. Anna has a strong sense of self and of her own priorities which helps her in accommodating some of the negative events relating to her health and impairment. The link between self esteem and negative life events has been discussed by some researchers (Bailis & Chipperfield 2002). In order to maintain this sense of control, social and physical activity and participation have been found to be of importance (Menec & Chipperfield 1997) for well-being and health.

One could almost argue that making sure that she is not taken advantage of and fighting for her right to determine her own life affairs is literally keeping Anna 'on her toes', i.e. it forces her to stay alert to everything going on around her. She is astute in making use of all sources for support that are available to her and she will ask others for help if necessary. This may sound a natural thing to do in the circumstances, but the willingness and ability to do so are partly dependent on the individual's personality, which means that others in Anna's situation (such as Agnes and Jane) may

be more passive and go the route of 'least resistance', or may do without rather than ask for help. It is also easy to imagine that individuals may tire of having to fight for everything or having to undergo long assessment processes from social services, or they may be put off by patronising and rude behaviour from some carers or social workers. Such experiences may leave the older person with a disability or an impairment isolated and without the support they require to cope with everyday life.

Jane is also visually impaired. She is widowed and lives on her own in an isolated spot several miles from the nearest village. As was mentioned in section 5.4.1 her daughter comes for brief visits every 6-8 weeks to stock up Jane's freezer and sort out any mail and other issues. She receives very little support. She has no physical disability and would be able to walk if there was someone to guide her. She manages to cook for herself and she does her own washing. Jane suffers from depression because of her lack of contact with the outside world. At present she has a cleaner who comes weekly, but what she really requires to help her to get out is a companion.

> Jane: *If I could just go out for pleasure, I never ever. I just [go out] for necessity like. I can't even get out for necessity. I mean I long to know what's fashionable and what's available but I haven't a clue. I'm still living in – before my husband died, all my dresses date back to that. When I go to the luncheon club, they say "Oh you look nice" in something. I say "Well, they're 20 years old." And I think: "They must be miles out of date", you know, but [it] can't be helped. [What would really help me...] I say, only being taken out to the shops once in a while or something like that. I mean Darlington is not that far is it? I mean [the village] hasn't any shops, you couldn't buy clothes really. You could buy shoes, but this year, when I went to the luncheon club in [the village] I got one of the girls to walk down [to the shoe shop] and they only had things with Velcro and flatties…. Well, all my life I've had little heels and if you wear flatties now you get awful pain up the back of your legs. No good to me. I just want some plain court shoes, but no way could I get any. I know [the department store in Darlington] have some but I can't get to [it] as I said.* (Egglesburn)

Although Jane is motivated to go out, she is interested in what is going on in the world, she has come to a point where she has to rely on outside help to be able to get around. In that sense she has become dependent. The type of support she requires goes beyond the provision of transport, which is often available for access to health services for instance. She requires a companion to accompany her in addition to transport. Although this sounds straightforward, her needs are more complex than what most support services allow for. A local charity for the blind has in the past attempted to allocate a volunteer to take her out shopping. But the very rural and isolated situation of Jane's dwelling combined with the considerable driving distance to Darlington or other larger towns make it difficult to find and to sustain volunteer-based support. Because of the time and distances involved in getting anywhere the volunteers would have to have their own transport. Jane's well-

being, in particular her mental health, but increasingly also her ability to walk, are affected by the lack of support available. In cases such as hers General Practitioners ought to be able to prescribe not only exercise classes but also companionship as a preventative measure for depression and physical and mental deterioration. Jane used to go to a gym but had to give up because of the lack and cost of transport. Health services would need to be able to put together an individually tailored 'package' to include transport provision and escorts. The general movement in social policy which aims to support older people independently in their own homes (i.e. 'ageing in place') needs to consider more broadly how to prevent people from declining mentally and physically through lack of mobility and engagement. This would surely be a saving in the long run if it enabled individuals such as Jane to remain well and in their homes for longer. It is easy to surmise that without appropriate levels of support Jane will soon be unable to remain in her own home; her mental health and physical health will deteriorate because of the lack of physical exercise and social engagement. Social isolation and subsequent depression are common among older people with sensory impairments (Margrain and Boulton 2005), but it does not follow that these would not be preventable in many cases.

Mrs Brown is also blind and lives in a supported housing unit. Until recently she had been able to collect her own pension every week from the post office, but since it was relocated she now has to rely on her daughter to get it for her.

> Friederike*: Do you go to the post office yourself?*
> Mrs Brown: *Yes, yes. No, no. It's only five minutes. It was, but now that you have to cross the road which is a very, very busy road…,but when me daughter – she comes on Thursday once a fortnight, she'll get the pension for me.*
> Friederike*: There's no traffic lights where you can cross the road?*
> Mrs Brown: *There is, there is, yes. But you have to go right down the bottom. You see, I've been knocked down once on [this] road and I was in hospital a long time, and I'm still nervous crossing – cars – especially now when I have a stick and everything, you know. But never mind.*
> (Medomsley)

The relocation of the post office means that it has essentially become inaccessible for Mrs Brown because of the road which needs to be crossed. In spite of the traffic lights she is weary of crossing the road because of past experience. She obviously now feels too vulnerable to brave the road crossing, her visual impairment being compounded by increasing physical frailty. This example illustrates the cumulative effects of ageing and impairment which impact on the individual's mental processes and states, such as the confidence to negotiate an increasingly dangerous and threatening external environment. But it also illustrates how a change in the location of the post office has essentially made it inaccessible for Mrs Brown who before the relocation was able to walk there.

She is still happy to walk and exercise within the safe but confined spaces of the supported housing unit. Her 'never mind' at the end of the paragraph indicates an attitude of positive thinking, she does not dwell on those things that she cannot change. Instead she concentrates on those aspects of her life which she enjoys, the weekly meeting at the community group called Open Arms being the highlight of her week. In spite of her many mobility restrictions she continues to be mentally engaged and physically active. Her life had been very hard indeed, having always worked in service even when she had children. Throughout her life she always had to manage with very little money. As a result Mrs Brown has very few expectations and is grateful for any help and support she receives; her only luxury being a taxi to the Open Arms whenever the organised minibus is not available for transport. She is able to afford this because of the disability allowance she receives.

5.5 Summary: Mobility and Well-being

To summarize some of the points made above the following exchange illustrates many of the issues identified as pertinent with regards to challenges surrounding mobility for older people with or without a disability or impairment:

> Matthew: *It's true, you get lonely.*
> Nancy: *Loneliness is the biggest thing I would say, if you can't get out and join things and you can't.*
> Stan: *We argue about this, because I'll say: "I'm going first" and she'll say: "You're not, you know, I'm going first."*
> Nancy: *It is loneliness, is a terrible thing, I would say. For people that cannot get out and about and go to the shops even, yes.*
> Anthony: *We can't help getting old.* [laughter]
> Donald: *There's nothing good about it at all.*
> Matthew: *This is why I'm pleased I've got mobility because I'd be in the same position. This is- I can get around. If I couldn't get around on my own, I couldn't rely on family, only cousins and nephews that don't want to know, and there must be a lot of people in that position.*
> Nancy*: I suppose there are a lot of organisations [that would help]*.
> Friederike*: Again, sometimes the problem is how you find out about them.*
> Stan: *That's true.*
> (Consett)

Being able to leave the house is essential particularly for those who live alone or are widowed. It supports social interaction even during shopping trips and prevents loneliness and social isolation. People are aware that with increasing age they can no longer take their mobility for granted and express their gratitude (Or say 'I'm lucky') at being mobile. Although individuals accommodate mentally an increasingly restricted idea of what it means to be mobile, as long as they are involved with some form of physical and social activity people continue to regard themselves as being mobile. Matthew's comments make clear not only the role of, but also the expectations by the older

person- that family will assist in getting around, and that without this support an older person can be literally ‘stuck’ in the house. Nancy has some vague idea that there should be organisations which would support an older housebound person, but lacks precise knowledge. The point here being that access to information regarding social services or voluntary sector support is not easy, one really has to search for it. Interesting are also Anthony’s and Donald’s comments regarding ageing itself. Two very different attitudes to ageing are encompassed in these comments: Anthony has a ‘fatalistic’ attitude, he does not judge ageing, but integrates the experience of ageing within his own life and tries to make the best of it. Donald on the other hand, has a much more pessimistic outlook. The above quote thus illustrates the various aspects of mobility and ageing which influence an individual’s experiences and actions: The need for social interaction, the role that motivation and an individual’s attitudes play in getting people out of the house; the influence of the life course and previous experience; the role of family in supporting mobility; the potential barriers to mobility because of lack of information about support structures; and the vital importance of mobility for an older person’s mental and physical well-being. This chapter has thus far demonstrated the necessity for a holistic framework when analysing barriers to older people’s mobility. A multi-faceted approach is needed in order to understand the often complex barriers that individuals face as they get older and become frail, physically disabled or sensory impaired. A less functionalist and more flexible and holistic approach is required by statutory and voluntary agencies if older people are to remain independent for longer in their own homes. Mobility has been shown to play a vital role in maintaining well-being and engagement in older people, in turn mental engagement has been shown to support physical mobility.

5.6 Mobility issues: resources, coping and adaptation

In this part I analyse some of the resources older people identified in helping them with physical or psychological mobility. In this sense the term ‘resources’ is understood very broadly to encompass anything that assists an older person in dealing with challenges to mobility. These include the material resources, such as technological aids, but also social and community resources and facilities such as friends, family, shops and attitudes such as place attachment which assist the older person in getting around, provide motivation for going out and promote well-being whilst outdoors. I also identify some of the psychological coping mechanisms and behavioural adaptations which support the changes in mobility due to ageing which individuals face. Some of these have already been mentioned in the above section in connection with barriers to mobility, because where these resources are lacking a definite difference can be detected in individuals’ mobility and subsequent quality of life. Most participants were very resourceful in finding solutions for potential difficulties,

be they practical solutions such as asking for a lift, or a change in attitudes, behaviour and prioritisation of life goals to accommodate physical changes or changes in social roles. These coping mechanisms have been conceptualized by psychologists and ageing researchers in terms of *primary* and *secondary coping mechanisms* or *active and passive coping* (George 2005). Primary or active coping is often seen as preferable because it is linked to a pro-active attitude in changing one's environment to suit the individual's ability, or to recruit suitable (e.g. technological) support to maintain independence. Secondary coping in contrast is often regarded by psychologists as the second choice in coping with stressful situations- it involves a psychological adjustment in mental attitude (e.g. regarding an activity as no longer desirable or suitable for one's age) because active changes are no longer sufficient in supporting mobility. A common comment by participants in this study was "I used to do this, but I no longer do it…". This sentence carried a variety of meanings: firstly, a sadness at the loss of something that had been enjoyable in former years. Secondly, for some individuals, an acknowledgement that ageing is also about change and that it is best to be positive about it. Many participants coped by finding alternative activities that they enjoyed. For others the above statement carried a deep frustration at being no longer able to carry out hobbies or activities. As one participant commented ageing can be about the experience of coping with many small losses and some very significant ones as well. George (2005) argues that most stresses or challenges actually require both active and passive responses, and that these dual responses are linked to lower overall levels of distress. (Chapter 7 will be looking in more detail at older people's perceptions of their own ageing and coping with associated changes). In this chapter I will discuss some of the resources individuals either consciously or subconsciously make use of in the context of psychological and physical mobility. I will also include some of the changes or improvements participants identified as potentially helpful in this context.

5.6.1 Technological support

In Chapter 4 I gave examples of the types of technological support some of the participants found helpful. I will briefly list them again here and discuss their uses in supporting mobility. Mobility scooters have become very common in supporting independence among older people or individuals with physical disabilities. Participants relied heavily on their use for ADLs such as shopping, but also for getting out, walking the dog, socialising, visiting and accessing health services. Some of the potential difficulties have already been discussed above, such as the cost of upkeep, accessibility of buildings, road crossings, other people's attitudes, or using public transport with a scooter. In spite of the many difficulties encountered by participants all would agree that the scooter significantly improved their outdoor mobility and quality of life. Other technical support

participants mentioned were stair lifts, which supported mobility within the home; stair rails; the remote door opener which Ken uses (section 5.4.1); and wheelchairs.

5.6.2 Structural support and facilities

Structural support includes support from statutory and voluntary agencies, as well as support structures put in place by private companies or organisations. These include for instance support provided by social services which can be a great help once in place as discussed in Ken's case in section 5.4.1. In one geographical area support structures for people with dementia were well developed. Charles was able to attend a dementia group run by the health trust several times a week, and even Beth, his wife, was given support as his carer. For others the 'fit' between individual requirements and services offered can be poor, such as was the case with Anna (section 5.4.2). At times voluntary agencies are able to give more individual support which is tailored to their needs. Age Concern was mentioned by participants as having provided advice in several cases, for instance in relation to benefit claims or insurances. Participants had enjoyed activities such as an armchair exercise class supported by Age Concern. Unfortunately this had been run only for a few weeks and participants expressed the hope that such a class may be reinstated. This type of activity would be ideal for frail older people to maintain a certain level of fitness. A carer support initiative was another charity which provided much support to individuals who were carers. Thomas, who cares for his wife, commented that he would not be here now without the support of this particular charity. It not only provides moral support to carers but also a physical space where individuals can meet and discuss their lives, where their needs are understood, as well as provision of creative and other social activities which give the carers an opportunity to enjoy a few "care-free" hours. Community facilities which motivate individuals to go out are very important in maintaining psychological and physical mobility. Village halls and community centres or church halls are places which provide space for social or leisure activities. Some community centres were extremely busy with activities for older people such as lunch clubs, indoor bowls, computer classes, craft activities, bingo and other games, film clubs, physical activity classes, local history clubs, prayer groups, WIs etc. Some activities were specifically geared at older people, some happened to attract mostly older people because of the time of day they were run or the type of activity offered. Many participants in this study were actively involved with their community centres spending many hours at various clubs and classes, or as volunteers leading classes and activities. (This was partly due to the recruitment process which was mainly carried out through community centres). Participants commented that the community centres had provided them with opportunities to make new friends after having moved into the area. A few of the villages had difficulty either attracting

older people to their activities or in securing funds to provide activities and to keep the halls running. Those community centres which were particularly successful interestingly were those in the traditionally more deprived areas. They had in recent years been provided with substantial money from European and National regeneration funds which had enabled them to renovate and equip their community centres. In contrast, those areas which had not been identified as 'deprived' had difficulty attracting funds to maintain the buildings and equipment. As one participant commented, in this way the problem of deprivation and inequality had been shifted, and not been eliminated. Two of the villages taking part in this research (Witton-le-Wear and Copley) were now in a position where they had lost all facilities (shops and post offices) and were struggling to keep the village halls open and to attract older people to their activities. One could argue that the decline of facilities in these villages had a detrimental effect on the general morale of the older people in the village. As a result people have lost their motivation to go out and be engaged in community activities. Individual well-being and community well-being are in this way intricately connected.

Other support which helps older people in getting around were mentioned in the context of transport and travelling: The Metrocentre, a large indoor shopping centre, was praised for being accessible with smooth surfaces and automatic doors, also providing scooters for shoppers to borrow. Some coach holiday companies have facilities for taking scooters on board which gives disabled individuals the opportunity to travel. In this context participants in a very remote village (Middleton-in-Teesdale) also mentioned that one coach company now picked up passengers from their village, when previously they had had to travel 20 miles to the nearest pick-up point. Other forms of transport used by older people have already been discussed above, such as hospital transport, the access bus, the dial-a-ride to GP surgeries, and the community transport scheme in Lanchester. In their own limited ways all of these schemes support individuals in getting around. Because these schemes are very localised or specific to accessing certain services and facilities, information on eligibility and on how and where to access them can be difficult to obtain.[5] Their limitations have already been discussed, but at this point it needs to be acknowledged that for some individuals – in particular those who do not have family nearby- these services are essential in accessing facilities and services. Annie's following comment supports this. Annie and her husband William live in a remote village and her husband has a visual impairment and cannot drive. They thus rely on the Access Bus, which is run by the County Council for the benefit of those who cannot access public transport, for trips to towns and cities:

[5] The County Council publishes a booklet which details some of this information, but none of the participants knew about this.

> Annie*: The Access Bus has been a great thing, yes. I wouldn't like to see anything happen to that. I would like it made available to a lot broader, you know, what it is really. Because the majority of people that go on it have to have a carer or a helper, that takes two seats up and they could do with a bigger vehicle really because it has gained in popularity. Just when people have got used to knowing that they can go on it, that's the thing; it's lack of knowledge, I think, with some things really.*
> William: *I don't think it's publicised enough.*
> Annie: *Maybe not, I quite agree …*
> (Middleton-in-Teesdale)

This comment exemplifies the situation regarding many of the support services available for older people: People learn about them often through word-of-mouth; the service may be limited in geographical distribution (participants in Woodland had never heard of the Access Bus) and availability (limited number of seats or specific client group, e.g. hospital patients, or limited days and times operated), and limited in its target destination or service (such as specific towns or hospitals). It becomes clear that transport is certainly an area which needs to be (a) addressed more holistically through the integration of all available services and an improvement in access to information; and (b) requires flexibility in order to allow **all** older people to use it. The first issue is currently being addressed through the integrated transport team at county level (Durham County Council 2006), which aims to co-ordinate some of the different transport schemes run by social services and the health services. The second point is being partly addressed by County Council through the provision of community transport vehicles (although their maintenance will be the responsibility of the communities). Participants also suggested the extension of dial-a-ride networks, which give maximum amount of flexibility and door-to-door access to older people. These findings are supported by evidence from other research (Help the Aged 2007a).

5.6.3 The natural environment as a resource for supporting mobility

Although in the previous section I have identified the natural environment as posing a potential barrier to older people's mobility, I will here point out that it is a great resource for many people in supporting outdoor activities because of the attractiveness of the natural landscape and the provision of many cross-county walkways and paths. Research suggests that people living in rural areas are more satisfied with their neighbourhoods than those living in urban areas (The Young Foundation 2007). Participants enjoyed being active through cycling or walking, or even driving into the country for a visit. Beyond the physical benefits of the activities themselves, just being in or looking at the beautiful countryside had a very up-lifting effect on many participants. For instance Caroline has a favourite spot that she visits when she is feeling low:

Caroline: *When I'm feeling a bit down or something I just jump in the car and I go up to the reservoir and I walk across the dam breast and leave the car on one side and walk to the other then come back and have a look around.*
Jenny*: It's lovely up there isn't it?*
Caroline: *We have a beautiful reservoir and all your worries and everything go away and you come back refreshed.*
(St John's Chapel)

Caroline obviously enjoys the solitude of the place. Harold equally likes his lonely bike rides across the moors (see section 4.3.2). In addition, as already mentioned, organised guided walks are available for those who prefer to walk as part of a group (section 5.2.1). In Rookhope and Copley participants commented that they would like to see more guided local walks to learn about the local history (mostly related to mining). A guided walk would provide a safe opportunity for exercising for those who may be afraid to venture onto the moors by themselves. But even those who are not active walkers or cyclists enjoy the views across the countryside. Those who have lived in the area all their lives feel connected with the local landscape through the many Sunday afternoon strolls which they engaged in as young people and families in the past (before the advent of Television, as participants pointed out). And even in the present many older people continue to take walks, often with dogs for company.

5.6.4 Social and family resources

There is an increasing recognition of the vital importance of family networks in providing all kinds of support and in satisfying individual and social needs, not just for older people (Wenger and Keating 2008). It became very evident in this research that families provide support to older people on a number of levels, ranging from the practical, such as shopping or lifts to the doctor's, trips out and holidays, to making the older person feel that they are a valued member of the family. An example is Maureen's quote in section 4.3.4, whose daughter is 'available' every morning to take her anywhere she wants to go. Another quote by Maureen illustrates the importance of being 'wanted' and how small gestures such as the giving of cards are greatly appreciated:

Maureen: *I mean I always feel very fortunate. I don't tell the family that, but I feel very fortunate that you have a family that care and who bother. We went to my oldest granddaughter yesterday for the day because it was Mother's Day, obviously, you see, and the two children, Charlotte is 15 and Patrick is 8 next month, they had cards for me and presents for me. I said: "But it's Mother's Day". "Yes, but you're our Nan." You feel as though you're wanted.*
(Moorside)

Charles and Beth have a similarly supportive family network, children and grand-children who help with anything from daily housework and holidays to shopping and decorating. They also

acknowledge that this degree of support cannot be taken for granted 'nowadays'. Those who have family to support them are often aware of those in less fortunate circumstances and how this affects their quality of life. Essentially, for many participants the support provided was valued not only for pragmatic reasons, but also as a sign that there were people 'who cared' about the older person, as Maureen says. The following extract also illustrates this:

> Beth*: A wonderful family. Oh, we've got a good son, a really good fellow. We've been blessed that way.*
> Charles*: Very. [Our] granddaughter there. They drop the [child] off at school and she comes straight down here every morning.*
> Beth*: Every day.*
> Charles*: Oh, she's brilliant.*
> Friederike*: She helps in the house?*
> Beth: *She does it all. Because I had a kidney out, and I don't have the energy I used to have. And she says: "You do nothing." And she comes down every day. Changes me beds every week.… He [granddaughter's husband] does all our decorating. The two of them do all our decorating, everything. They're brilliant.*
> Charles: *I don't know how we [would manage without them]. My other daughter, she has a car and takes us for our shopping.*
> Beth: *Twice a week when Charles is at the clinic. She'll come down to us on Friday and says: "Right…". …Our oldest daughter she takes us anywhere we want to go. She said, don't I get the bus, we'll go in the car. She doesn't work. She's disabled. But they're very good, we couldn't fault them at all.*
> Charles: *For anything, doctors appointments or anything.*
> Beth*: Oh they're brilliant.*
> Charles: *For hospital appointments and the like.*
> Beth: *Her husband's the same, isn't he?*
> Charles: *Oh aye.*
> Beth: *Couldn't fault them. There's not many people these days can say that, I don't think.*
>
> (Dipton)

One can only wonder how the couple would cope without the support, particularly since Charles has been diagnosed with dementia. Beth would have great difficulty in managing even everyday tasks as she is not in good health herself. Not all participants required or received this level of support from family, but even a weekly shopping trip or occasional lifts to doctors and hospitals are often sufficient in supporting the older person in continuing to live in their own homes. Some also require support in dealing with money matters or sorting through post in a world which can be very confusing for older people. Thomas's comments regarding his elderly parents illustrate this problem:

> Thomas: *A couple of times a week I'll go round or my sister will go down [to my parents] with a pile of rubbish through the letterbox like that. [They'll say:] "Can you go through that and see what's relevant and what's important?" [I'll say:] "That's junk mail, and that's junk mail". There might be two letters out of twenty that's relevant or whatever. Now for older people, it would take them all day and they still wouldn't understand it, you know, because they've got actually… some of these junk mail [companies] should be jailed*

because they've got a way of putting: "This is a very important notice". They really prey on the older generation like they do.

(Copley)

Friends and community networks can provide similar kinds of support. Some participants preferred to ask a friend for help, because they felt that children and grandchildren were too busy, or that they did not want to be a burden to their family. These issues were dependent on the nature of the relationship between the older person and their family, as well as the proximity of the family, and thus their availability in providing support on a day-to-day or occasional basis. Some of the participants were themselves in a position where, although themselves retired they still had to care for very elderly parents in addition to looking after grandchildren. This double responsibility can become a burden if the person's health is not very good, such as was the case with Clarice, who had difficulty walking after a foot injury. Considering the extent of support older people receive through family, friends and communities it becomes evident that statutory and voluntary agencies would be hard-put-to to provide support of similar quality. Much of this daily care and support is provided by female relatives, but evidence from this study shows that male relations also make significant contributions. Some researchers argue that government policy needs to do more to recognize the important role that informal social networks play in supporting individuals. Hothi *et al* (2008) for instance argue that in the past government policies actually served to destroy these kinds of networks which are based on inter-dependence. As a result individuals have become dependent on statutory agencies for support which are unable to offer sufficiently individualised and flexible measures to enable older people to remain active and mobile. In this study I found that in the rural areas there is still evidence of well functioning supportive network among the older generation, particularly for those who have lived in the villages for most of their lives. These networks are usually based on being a member of the same community organisation, club or church, or just on living in the same street or neighbourhood. Others have stayed in touch because they grew up together. In all of these cases there is a temporal element in determining the degree to which someone is part of the network: firstly these relationships have grown over many years, sometimes, a lifetime; and secondly, they require a continuous input of time and effort to sustain, which then makes them part of an inter-dependent relationship.

Social capital, which measures community cohesion, essentially is the result of these relationships grown over time. Portes considers the concept useful as "shorthand for the positive consequences of sociability" (1998; 1) for individuals and communities. Putnam developed the concept in order to help understand the "added value" gained by individuals and communities through social

connections. Gittell and Vidal (1998) distinguish between *bonding* and *bridging* capital in order to explain both positive and negative outcomes of social capital. The former is understood to provide support for people or groups to 'get by' within their communities in everyday life, the latter to help people or communities to 'get on' or progress with links outside their immediate communities, for instance in getting a job through personal relationships. As was apparent in this study older people often play a role in supporting each other and in holding a community together, i.e. in bonding capital. But they also play a role as activists campaigning with outside agencies to improve communities for everyone and thus provide opportunities for others to 'get on', i.e. bridging capital. Older people, by virtue of (a) having lived longer, and (b) often having more time to invest, can become almost by default the bearers of both types of social capital in these rural communities. Participants in this study, particularly the 'third agers' were engaged in many community activities, or contributed to the community by visiting the sick (like Oliver, section 4.5). These processes show some of the ways in which community and individual well-being are inter-linked (Putnam and Goss 2004). Social participation, for which physical mobility is a prerequisite, has been shown to have beneficial effects on mortality and mental health (Cornwell and Waite 2009). Psychological mobility, as understood in this research as a mental or psychological engagement with the world, is sustained through social participation, but also acts as a motivator in engaging and thus in physical mobility. There is evidence from this research project that those individuals who lacked opportunities for social interaction and who also lacked support structures within family or friendship networks were disadvantaged to such a degree that it affected their mental health. For instance Jane, in section 5.4.1, suffered from depression as a result of her lack of opportunity to go out and engage with present fashion and to socialise. In these circumstances individuals can cope well until their physical mobility declines to such an extent as to make them essentially housebound (see also Matthew's comments on loneliness, section 5.5). In supporting older people to overcome obstacles to mobility, family and friends were of prime importance. From an environmental gerontology perspective it isn't so much their own capabilities which matter for the older person in overcoming environmental obstacles, but the availability and quality of the support networks and structures which can help to overcome many of those obstacles.

5.6.5 Behavioural and psychological coping mechanisms

Throughout the discussions on mobility I have emphasized the important role that motivation plays in getting people to leave the house. After retirement there is no longer a necessity imposed on people to go out every day or to engage with other people and the world except for ADLs such as shopping. Participants indeed often cited examples of individuals who had withdrawn after

retirement or after bereavement. By virtue of the self-selection of participants taking part in the research, none were in this position. Many participants were highly motivated and sociable individuals. Others were less socially active, but were motivated by their individual enjoyment of leisure activities. I have mentioned above that external facilities and opportunities are necessary to motivate older people to go out or to be engaged. But what strategies do individuals employ when faced with restrictions to their physical mobility? Apart from a basic wish to overcome the restriction, and social or family support, there are other strategies which people employ: Secondary coping strategies are based on behavioural and attitudinal changes which help individuals to cope with restrictions to mobility, as illustrated in the following extract:

> Joan*: I have been tempted to buy one of those bags on wheels*
> Pauline: *Oh no, that's a no- no. If she sees me in [town] with one of them she's going to cross the road.* [laughter]
> Jackie: *Believe you me, I said I would never get one, but I was glad of it, you know.*
> (Delves Lane)

Joan and Pauline obviously don't like the idea of using a trolley, possibly because it is a symbol of old age. Jackie, on the other hand, has more severe mobility problems and had to change her attitude towards using one for her shopping. Jackie's example illustrates the action-oriented coping mechanism. Other examples relate to similar circumstances, for instance Dorothy on the one hand has to drive even small distances because of her arthritis, and on the other hand makes a conscious effort to walk whenever possible because of the general benefits of exercise in minimising any further restrictions. John decided that he could no longer attend concerts at the Sage in Newcastle because the cramped seating at the hall was giving him too much discomfort with his arthritic knee. Although his coping is essentially a withdrawal from something he used to enjoy very much, he does not express a great deal of regret. His attitude is rather matter-of-fact, which helps him to cope with his restricted mobility (i.e. secondary coping strategy). I have also discussed above the change in attitude which allowed Pauline to cope with delays when using buses for a day out (section 4.3.6). And Oliver in recent years has broken his long drive to Germany with some overnight stays in order to cope with the long journey:

> Oliver*: Oh yes, I'm hoping I can go to the Black Forest again this year. When my wife was alive we used to go two or three times every year without fail and at one time we could get off the ferry to Amsterdam and belt straight through without stopping, but now I have to break it with a couple of nights on the Rhine.*
> (St John's Chapel)

Humour and laughter play an important role for many in coping with ageing or disability, as illustrated below by Nancy's comment (and by Barbara and Ken in section 5.4.1):

Nancy: We have lots of laughs… it's what gets us through, isn't it?

(Consett)

Tornstam (2005) has found in his research that ageing is often accompanied by a change in goal orientation and life priorities. It is not clear though how much of the changes in mental attitudes are actually based on the physical reality and experience of ageing, such as restrictions to mobility. There is some evidence in Tornstam's research to suggest that certain traumatic life events, such as severe illness or disability, can accelerate the development to gerotranscendence. In Tornstam's view these changes in attitude and behaviour would be regarded as a positive action in terms of individual personal development, and not as a re-active coping mechanism to external stimuli. Rowles (1978) found in his research on the geographical experiences of older people that many of the attitudinal and behavioural adaptations he observed essentially served to maintain the individual's integrity of identity. In addition, other researchers have found that psychological coping mechanisms have to be developed over the life course (George 2005), they are thus the accumulative results of personality and experience. This particular aspect of coping also underlies individuals' other coping mechanisms, such as actively seeking or accepting support from friends and family. It also explains the wide spectrum of individual's coping strategies and successes when faced with obstacles to mobility.

5.6.6 Summary

In summary, I would like to emphasize the inter-related nature of physical ageing and psychological processes accompanying it. I have here extended the concept of mobility in order to take into account the physical and psychological changes faced by the ageing individual which often cannot be separated. Although ageing individuals experience many potential obstacles and challenges to mobility, the majority of participants in this research were able to draw upon a wide range of resources in coping with obstacles. The conceptual framework adopted for this research allows for a broad analysis of all factors which influence older people's mobility, their obstacles and resources. These factors are all inter-related but for the sake of analytical clarity have here been subdivided into social, environmental and individual (and life course) factors. Individuals will at any time experience potential obstacles in one or all of these spheres, but also draw upon resources from the same or another sphere to overcome the obstacle and thus fulfil their need for mobility. A small number of participants, such as Jane, were in a position where their needs regarding mobility could not be met through the resources available to them from informal or formal support systems. I would argue that through the development of this integrated model of mobility I have been able to

advance understanding of the complex needs of individuals such as Jane. In her case the environment has indeed become disabling, but she still has some motivational resources which would allow her to overcome the obstacles with adequate support. Integrated knowledge concerning an individual's physical and psychological mobilities could be used as a basis for action by statutory or voluntary agencies to support quality of life and well-being in older people.

In the following chapter I develop the concept of connectivity as an expression of the individual's engagement with the world. Connectivities can be enacted on a number of different levels and scales. I argue that the nature of people's connectivities are subject to personality and experience influences and are developed over the life course. In later life people can become disconnected from society not only because of their alienation from societal attitudes and practices, but also due to a lack of personal or structural support in maintaining connectivities for engaging positively with the world.

Chapter 6
Connecting with the world

6.1 Introduction

In Chapter 4 I argued that physical mobility is about enacting a connection with the world, and that psychological mobility is based on a curiosity and openness regarding the world which is a prerequisite for remaining physically and mentally active in later life. The previous chapter discussed some of the factors which enable or disable this mobility. In this chapter I want to expand on this line of thinking by further considering what the processes are in the ageing individual's life and in early 21st Century British society that connect or disconnect the ageing individual. Geographers and social scientists have been employing the concept of connectivities in three main contexts. Firstly to describe the connections between spatial aspects of the physical and built environment, for instance street connectivity (Lockett 2005; Vojnovic 2006; Morris et al 2008). Secondly the concept of interconnectivity has been linked in more recent debates to the fluidity of places and the flow of information (Yeoh 2006). And thirdly connectivity has been understood in terms of travel and the maintenance of social and communication networks (Macdonald and Grieco 2007; Conradson and McKay 2007; Baerenholdt & Granas 2008). Based on these multiple conceptualisations 'connectivities' is here further developed to emphasize the multi-level relationships between the individual and society, and the complexity of the formation of mental,

emotional, physical and social connections across the life course. 'Connectivity' as a concept has been defined by systems analysts as the interactions between components of a complex system (Casti 1979; Capra 2003) which influence the behaviour of the processes within the system. The emphasis is on the dynamic and multi-faceted nature of the processes and their underlying connectivities.

6.2 Connectivities across the Life Course

In this section I shall be looking at evidence of individual and social influences on patterns of connectivity of the individual to his or her environment and how these influence the individual's ageing experience. The data used for this comes from interviews with 4 men and 4 women who were aged between 73 and 91 years at the time of the research. The age is significant because of cohort aspects of social and cultural influences on individuals' lives. One of the most dramatic influences of course for this cohort is the experience of World War II either as a child or as a young adult. This major event shaped participants' lives in many different, if not untypical, ways depending on factors such as age, gender, social class and family circumstances.

Agnes was of primary school age during the war and she recounts the very nomadic life that she led during that time:

> Friederike: *So when you moved around with your mother, during the war, did you go on trains? How did you get around?*
> Agnes*: Trains. We used to go to Newcastle central station and go -, what used to happen when Dad used to come home on leave, he used to take mum and me back 'cos he didn't used to like us travelling on trains by ourselves.*
> Friederike*: Was that quite dangerous?*
> Agnes: *Yes, because we were being bombed and things. And I can always remember my dad bought me a little attaché case, I used to put different things in, I used to feel very, very grown up. I used to only be about six at the time. And I used to have my little attaché case and my mum and dad had theirs, but dad used to carry it.*
> Friederike*: Was that quite unusual for a child just to be moving around so much, in those times?*
> Agnes: *Not really. I mean to a lot of people yes, because I think when my mum and dad even went, they got into old age, they were like Darby and Joan you know, they were so close to each other, I just think they couldn't be, they just didn't want to be parted. But obviously because of the risk to me, Mum used to bring me home when it was really bad and then when it eased off she used to go, but then of course, by then my Dad would maybe have been posted to another area, so I had to make a whole new…It made you, how can I put it, it made you make friends, you know, you weren't in your own little clique, you had to be sort of outgoing, you had to be friendly, because if you weren't you were just left out of everything, weren't you? But I met some very nice people that were kind, you know.*
> (Lanchester)

Agnes talked earlier about her health which had been delicate since childhood. This nomadic life cannot have been easy for an only child who by nature is rather quiet. But as she says above she learnt how to make friends easily and to fit in with her parents' wishes to be together. One can imagine that the friendships formed with other children during those short visits to her father's military base would have been fairly superficial and not sustainable. This would have shaped her as an independent individual, someone who does not rely on others for emotional and other support.

In Chapter 4 I described Agnes's stoic attitude to suffering, which was another childhood experience. There is evidence in her descriptions of her experience as an older person with a disability of this stoicism and independence, not wanting to be a nuisance to others. This attitude has also shaped her recent relationship with service providers, such as her reluctance to visit the doctor and her pride in having done all necessary adaptations to the house herself. Although Agnes and her husband settled in Lanchester early on in the marriage and in spite of Agnes's early involvement with the church, neighbourhood and community, the relationships that she formed seemed to have lacked any particularly close friendships. Instead Agnes concentrated on family life when her daughter was born. That relationship continues to be of primary importance and provides Agnes' life with meaning:

> Agnes*: I became a buyer for the Co-op in the jewellery department. I was with the Co-op for a long long time. I had to buy for all the branches 'cos we were in the main Chester-le-Street [branch]. I was in the new Chester-le- Street department of the jewellery. I used to buy the hand bags. And the jewellery and things and after that when I came to Lanchester I just didn't have a job because by then [my husband] got his promotion and you know, we're not very materialistic type of people …, I didn't want to work for working's sake I wanted to really concentrate on being a housewife and, you know, making a nice home for [my husband], and then of course, [our daughter] arrived and that was it, wasn't it. I didn't want to [work].*
> (Lanchester)

The daughter had been long awaited and remained an only child. She thus became the focal point of Agnes's life. This close relationship continues into the present as the following extract demonstrates:

> Agnes: *But my daughter, she's [teaching] in a school …She came second in the Teacher of the Year [Award] for North Eastern [England]. …There was 6,000 entries, 6,000 nominations for 11 categories. …There was 11 categories and she was in the final 3. And then when she had to go to the Stadium of Light it had on the list that you had to take your head and two colleagues, but Emily said to her colleagues: 'Well, I'm friendly with everybody', she said. 'I couldn't pick two colleagues, so you'll have to put your names in a hat.' So they said: 'Well, would your Mum and Dad not like to go, Emily?' And she said, 'Oh I'm sure they would.' So they said 'Well why don't you ask your mum and dad if they*

would like to go, we'll let them go in our place. But if they don't want to go, we'll put our names in a hat.' So of course, we wanted to go, obviously. Anyway it was at the Stadium of Light and Wendy Gibson was the compere and Lord Puttnam opened it out. And it was lovely. We had a beautiful buffet. They treated us like queens, really like royalty really. You went in and had white wine or red wine or orange juice and then you had this beautiful buffet, it was sort of poached salmon on sticks it was parma ham wrapped round melon. And these fruit kebabs, all pineapple and mango and very exotic fruits. And sandwiches and these little canapés. It was really lovely and then after the ceremony they …..… we ended off with champagne. So it was really nice. So it was a series of eliminations what they do is, they eliminate this ……. There's 6,000 nominees, now Emily was nominated by another head of another school.
(Lanchester)

What is noticeable about the above recollection is the great detail regarding the selection procedures for Emily's award and the general context which Agnes remembers. She is obviously very proud of her daughter. Agnes spends time in the class room and occasionally helps to organise activities for Emily. Her involvement with Emily's profession as a teacher gives Agnes a connection outside of her immediate household. She even knows the children in Emily's class individually and by name. It is one of the few areas of her life where Agnes has remained open to new experiences, whereas she has withdrawn from general interactions in the village due to her disability and her fear of arousing pity in people who see her condition. Regarding her mobility Agnes accepts help only from immediate family members, i.e. her daughter and her husband. Curiously she doesn't seem to mind spending time in Emily's school in a wheelchair. The children's attitude toward her disability is purely one of curiosity and even envy at her being able to ride on a scooter as the following extract reveals:

Agnes: *I was in the classroom the other day and this little boy, I always go in the wheelchair, in the classroom, 'cos I'm always frightened with the children running around. But it was sports' day, so I went on the scooter and the children thought it was fantastic 'cos this year three classes – Emily takes – they've never seen me on a scooter before you see. "Miss, that's cool", they were saying. And one little boy says: "My, you're very lucky." And I said: "Why?" He said, "Because you can ride around on one of them all day. That motor bike, you can ride about on that motor bike all day." And I said: "Oh I'd rather walk, pet." "Well, you're crackers", he said*. [laughs]. *He says: "When you can ride around…".You see they don't realise. He thought I was crackers because I would rather walk than be on my motor bike, as he calls it. You know, they don't realise that ….. I know one year when I was in with the wheelchair, and they love to push it you know. They love to push it. And one little girl said: "It must be wonderful, Miss. To just be pushed around all day like that." And I'm thinking: "No, it's not wonderful at all, love." But one little boy the other day, out in the hall, but anyway, he said: "Miss, can I push you?" And I said: "Oh yes, pet, you can" and we went off like a rocket. Down the hall, round this corner straight into the class room and we stopped about four inches off the desk. I've never* [laughs].
Friederike*: Petrified!*
Agnes*: Emily says: "Mum, have you seen your face?" I says: "My goodness, ee gosh." Never stopped for a breath, he said: "Can I push you?", and of course, they think it's great to push me and of course they're always so…*

Friederike: *He managed to do it without hitting any corners or anything?*
Agnes*: Emily said: "Mum, how he did it I'll never know." She couldn't even, came through the door, down the hall, through the doors, up the pathway, round the filing cabinets, straight into the classroom, like that. And I'm sitting and she says: "Mum, I wish I'd had a camera, you're face was…"*
Friederike: I'll bet. You probably thought it was your last hour.
Agnes: He says: "Miss, wasn't that good?" I thought, "It might have been good for you James, but it wasn't for me."
Friederike: You didn't say that though?
Agnes: Oh no. I just said: "Oh yes." I didn't want to spoil his thunder.

What is typical for Agnes in the situation described above is that she 'suffers' in silence. Because as she says she 'didn't want to spoil his thunder'. Neither did she tell the children about her true feelings regarding being stuck in a wheelchair or scooter. On the one hand this may be due to her stoic attitude, but also because Agnes does not want to arouse the children's pity. The children's innocence in relation to her disability are a refreshing change for Agnes, quite in contrast with her experiences in other places and circumstances where the wheelchair or scooter is the vehicle which leads to conflict and confrontations, such as the incidents in the supermarket (see Chapter 5) or at the garden centre (see below). Although the incident with James was frightening (and potentially dangerous) at the time, Agnes is now able to recount it with humour, whereas some of the other experiences which weren't actually physically threatening continue to upset her during her recollection as the following illustrates:

Agnes: *But there was one experience, I went to a garden centre, there was a little track, you know, there was a shed on this side and a shed on that side, and there was a little track to go to where the stones and the ornamental stuff was. So, we had a look round the stones and everything, you know, I was coming back up the track and I was three quarters up the way of this little track, and it was only like the width of a body walking, and this man and this woman came round the corner and they just come round it, just come round the corner and she looked at me as much as to say, "I'm not moving." She didn't say anything, she just looked at me as much as to say, "How am I going to get past you?" And so I put the reverse on and I reversed all the way back. And she let me, and her husband - when they got to the track, he said [to his wife], "I'm ashamed of you." He said, "You made that lady go all the way back on that scooter" and he said, "We had only just stepped on to that track". And one of my friends said: "You should have turned round and said 'I hope you never have to be in one of these.'" And I said "I know, but sometimes people are very volatile" and I could see by the look on her face that she was not going to budge, so I felt it should be me.*
(Lanchester)

It seems that a certain amount of assertiveness is necessary to successfully negotiate life with a disability. Agnes has not been able to acquire those skills, and therefore now avoids all situations which may potentially be confrontational. This has made her into a 'recluse' as she herself recognises. It seems that the enjoyment that Agnes derives from going places has been spoilt by the

way in which she perceives herself to be a nuisance to others. The following extract shows how her lack of self-esteem is exacerbated by her disability.

> Agnes: *But I suppose you know, it's self inflicted this, this reclusiveness 'cos I can remember I love flower arranging and Alf took me to this Gateshead festival – a flower arranging festival and it was quite wet, but they were in these marquees. It was like boards laid along the grass you know, for you to walk on, but there was so many people that, that when I was on the scooter, I couldn't get off the board onto the grass obviously, 'cos the scooter wouldn't go down the boards, and people didn't like it and they weren't going to go off on the grass, because obviously they would get their shoes dirty. And I just felt a nuisance... And then if I stood, well I'm saying stood, if I sat on the scooter, there was one particular arrangement that fascinated me, it was always done in Japanese Ecobana and I love Japanese Ecobana and I was just enjoying looking at it and seeing the expertise that this lady who had done it, she must have been very, very clever, and I was just standing enjoying, well on my scooter actually, and I heard a clunk clunk behind me, and I turned round and there was these two women and I thought, "Oh gosh, I'm hogging this particular arrangement", 'cos it was huge, and I felt…*
> *Friederike: You found it quite upsetting?*
> *Agnes: No. I.* [crying] *I don't want to be a nuisance to anybody. Sorry.*

6.3 The embodied experience of disability

What has become apparent from some of the above examples of Agnes's experience of being bound to a scooter or wheelchair is that it fundamentally changes her experience of mobility and everyday life, and as a result has altered her connectivities to people and places. In this part I will be exploring the embodied experience of being physically disabled in more detail.

The above quote from Agnes which describes events at the Gateshead Flower Festival is unusual because of Agnes's acute awareness of her altered mobility and physicality in comparison to other people: twice in the above paragraph she corrects herself when referring to 'standing', instead clarifying that she was sitting on a scooter. This fact is around which her altered awareness is centred, and consequently the way she experiences situations such as the above encounter at the flower show. There is no evidence in this particular instance that the two women expressed disapproval or impatience at Agnes's standing in front of the arrangement, but her consciousness of *possible* confrontations is heightened to such a degree that she anticipates their negative reaction even while they are still some way distant. Social encounters have thus become fraught with feelings of guilt and inadequacy. And consequently Agnes avoids those places which may have been a source of enjoyment, but are now places of potential conflict. Interestingly, there seems to be a difference between the scooter and the wheelchair in how Agnes herself experiences herself, and in how others react to her. When seated in a wheelchair Agnes is very much passive. This passivity has two aspects to it: firstly the fact that she feels less of a threat to other (as evidenced

above when she gives the reason for generally choosing to go into the school in a wheelchair); and secondly she is more dependent on others to move around, giving her less control over her movements. But this passivity also takes away the necessity for her to engage directly with other people around her, making the social encounters less threatening. It is a common experience of individuals in wheelchairs that others talk 'over their heads'. In addition, the dependency can also expose her to potential harm from people abusing her vulnerability, such as the encounter with James at the school demonstrates. In the following extract Agnes reflects on the different experiences of being in a wheelchair or a scooter:

> Agnes*: It's very good in a wheelchair, if any……I can honestly say that when I've been in a wheelchair everybody has been absolutely fantastic. On a scooter it's every man for himself.*
> Friederike: *Really? Why do you think this is different?*
> Agnes*: I think because people think when you're in a scooter, that you're on your last legs, you know, and they're very, very, you know, they're marvellous. They step back…*
> Friederike: *Oh, you mean when you're in the wheelchair?*
> Agnes: *Yes, sorry, when you're in the wheelchair. When you're in the scooter, no, no. They'll not give way. I always give way 'cos I always feel, well, I should.*
> (Lanchester)

The question is what characteristics of being on the scooter changes Agnes's perception and consequent behaviour. Is there something about this particular mobility device which causes her to feel more responsible and 'in the way'? Or is her perception solely a reflection of other people's behaviour towards her when she is on the scooter? And why is it that people generally perceive scooter users as more able bodied than those in wheelchairs? I believe the answer to the latter question is related to the above discussion on passivity versus activity. Scooter users are to a greater extent in control of their mobility and therefore perceived as more able, whereas a wheelchair user is usually dependent on someone else to push him or her. The scooter could be considered an extension of an individual's legs, although it has certain limitations; for instance few scooters can negotiate even shallow steps. The following extract further illustrates some of the challenges to negotiating everyday mobility on a scooter:

> Friederike: *Do you think people need to be more educated about how to be considerate towards older people?*
> Agnes: *It's the older people that's more considerate. The younger people, no. They walk in front of you, if you're coming along in a scooter, they'll walk straight in front of you. I find the worst thing on a scooter is people looking in shop windows, they'll step back. You know they'll look in a shop window then they'll step back before they move off. And if you're walking, if you're coming along on your scooter, they'll step back.*
> Friederike: *Into the scooter?*
> Agnes: *Into the scooter, so when I see anybody looking in shop windows, I always take evasive action. I always like move out in case they step back. And children, they'll come*

skipping along holding an adult's hand, and then they'll leave go of the hand straight in front of your scooter.
Friederike: So have you ever had an accident with it?
Agnes: *No. No. I'm always aware. But after you've been on a scooter you then sort of look at a shop and keep your scooter moving. You can't like, you know, you can walk, and look in a shop. If you did that with a scooter you could hit somebody. So you either have to stop and look in a shop and start it off again, and after you've avoided everybody, you're exhausted. It's true.*
Friederike: *Right, so you have to concentrate quite hard?*
Agnes: *Oh yes, very much so. Especially if you go to the Metro Centre or places like that. And if you're coming out of a shop and you've gone into a shop like that, then you have to reverse out of the shop because of maybe too many gondolas and reversing into the mall, nobody'll stop and let you out. You've got to wait 'till that's clear, and then reverse out.. But it doesn't really matter, it's just this, if you got somebody that was a bit impetuous. It doesn't worry me 'cos I don't mind reversing the scooter back, I don't mind waiting for anybody passing. But I have seen quite a few confrontations especially with men on scooters. They don't suffer fools gladly. And they really go, you know, at the person who's maybe stepped back on to them or they'll shout: 'Out the way!' You know, you see, and I think people like that get on better in life. Because they've got a bit of go about them [more] than me. I'd rather take the coward's way.*
Friederike: *Avoid the….?*
Agnes: *Yes, definitely. So this is why I don't think I like being in a scooter or in a wheel chair. I think it's nicer if you're on your feet.*
(Lanchester)

The above extract not only illustrates the challenges involved in negotiating the physical and social environment, it also reveals the processes through which Agnes's connection to places and people have changed on an emotional, experiential and pragmatic level through her use of a scooter to get around. The resulting lack of other people's consideration combined with Agnes's fear of causing harm by hitting someone with the scooter means that Agnes has to 'avoid everybody'. The fact that Agnes is not 'on her feet' and therefore removed from the direct connection with the world, has lead to a distancing, which is further emphasized through her having to take evasive action in the sphere of social encounters. The scooter could be seen as a barrier to 'normal' person-to-person interaction as well as to person-environment interaction. On her feet Agnes would not be worrying about bumping into people in a crowded shopping centre as it is a fairly normal and acceptable occurrence. The fact that scooters are a relatively recent invention may also contribute to Agnes's heightened insecurity and discomfort in these settings, as conventions and rules regulating interaction and behaviour between walkers and scooter users have not yet been established in society.

The embodied disconnection between Agnes and the social and physical environment is further enacted through the 'evasive action' that she has to take, although she says that she has to concentrate hard on everything that goes on around her so that she can predict other people's

behaviour and thus avoid an accident or confrontation. This awareness is linked not with pleasure that she may derive from her surroundings but with the fact that she is different, or apart from other people and that she is therefore disconnected from 'normal' forms of interaction, which are largely unconscious. This difference is further emphasised by the fact that the movements that Agnes is able to carry out with the scooter are restricted, that she is dependent on the technological possibilities given by the scooter design. This means for instance that she needs more space to turn around in a shop, and lacking this, has to reverse out of a shop, a movement which again is setting her apart from those who are on their feet. The physical environment thus becomes fraught with problems and obstacles, and the social environment of the shopping centre an exhausting experience dominated by Agnes's heightened awareness of her difference to others and distance from others. Admittedly Agnes seems to have an unusual amount of awareness to these matters, partly because of her mild and inoffensive personality. She admits herself that she'd rather wait patiently than confront people, and that she has observed others whose attitude has been less tolerant. I would argue that Agnes's reflections are not unusual because they reveal many of the issues that people with disabilities face. This does not mean though that everyone would experience these issues in the same way, because they are filtered through individual personalities and life course experiences. Individuals develop different coping strategies, and those who are bolder than Agnes may indeed cope differently with the potential disconnection from the world resulting from their disability. In fact there were a number of participants in this research who also were scooter users, and whose attitude reflected their conviction that they had equal rights as disabled persons. These individuals would use any channel to make complaints to the council regarding for instance accessibility, or they would work towards raising awareness among their neighbours for a better understanding of disability issues. The difference between these individuals and Agnes is that the former continue to fight for maintaining their connection with the social and physical world around them; the danger of disconnection is present in all, and Agnes is particularly conscious of this.

6.4 Connectivity, people and place

The emphasis in the previous part was on the embodied experience of disability and the potential for disconnection because of the distance which is created through the process of 'othering' and the actual dis-connection of the feet with the ground as experienced by Agnes. In this part the spatial connectivities will be explored further. I have already shown that being on the scooter changes Agnes's relationship with and orientation in the spaces around her. I will begin here by investigating participants' connections with places and spaces on various levels, again taking into account life course and other factors. The nature of people's connectivities to place, as understood

in this part are extended from Rowles' classification of older people's geographical experiences (1978). He identifies four modalities which describe the individual's relationship with his or her lifespace: Action, Orientation, Feeling, and Fantasy (1978, 190). Across the four modalities Rowles emphasises the individual's internal consistency which is revealed through his or her activity and adaptation patterns to environmental stimuli. He argues that "For each person adjustment results from the effort to maintain harmony and consonance between who he [sic] is as a person (identity) and the manner in which, through his geographical experience, he relates to his geographical lifespace" (ibid, 192). But rather than develop linked modalities which classify participants' relationships with the world into separate types I attempt a relational and processual analysis. This will help to gain a holistic understanding of an individual's connectivities as it allows an analysis of connective processes and changes in different spheres and across different scales of the individual's life and across the life course.

I have argued in Chapter 4 that mobility and movement are fundamental to human existence, so that changes in mobility as people get older or acquire impairments or disabilities invariably lead to changes in the individual's identity (through the embodied experience of mobility or disability as discussed above) and as a result also to changes in the relationship with the world in part and as a whole. In this part I will firstly discuss some of the places and spaces that participants connect with and identified as important in discussions and how people sustain the connections; and secondly, I will be examining the processes which may lead to dis-connection with places and spaces as people get older. As mentioned in Chapter 2 Rowles and Watkins (2003) regard places as 'meaning-enhanced' spaces. Although some of that meaning can be solely related to past events without connections to the present, I would argue here that connectivities with place have to be constantly re-enacted to be maintained. This re-enactment can involve just reminiscence, but often it will involve actual physical interaction between the individual and the spaces, which presupposes mobility, i.e. the ability of the person to visit or to be in that place for a time. In this sense the *emotional* connectivity between individual and place created over time is akin to the concept of 'attachment to place' which was discussed in the previous chapter. Emotional connectivity with the *home* was by far the one place mentioned most often during interviews, and the strength of feeling was related to the length of residence and the strength of emotions towards events associated with the home.

Jane has always loved her garden, although she is now unable to 'see it' or work in it because of her visual impairment. This prior emotional attachment to the garden has been strengthened since her husband's ashes have been placed there:

> Jane: *But I couldn't bear to leave him* [deceased husband] *in the cemetery where he didn't know a soul. So out in the garden I have a sun dial thing, you know, so I got my grandson to come and dig a hole and line it with bricks and things and when we got the container back with David's ashes we put it in and we put a big flagstone on top and then the sundial on top of that. And all around I put flowers.*
> (Egglesburn)

Although Jane finds it difficult to walk out into the garden by on her own, she enjoys sitting in it and smelling the flowers' scents when someone assists her out of the house. Her sensory impairment has altered her experience of the garden. Jane pays a gardener to do the work for her and this has understandably led to a certain amount of emotional distance. So although she still takes great pride in her garden the lack of continual active (i.e. embodied) engagement with it has led to some dis-connection, which is expressed in her comment that "it's all a bit of a waste" because she can't *see* the flowers. The sensory experience of place is important to maintain a connection. It is part of the embodied experience of being in place and contributes to the creation of meaning. Those participants who were visually impaired commented on how vital it is to be in a familiar space where the body has developed a memory of the space around it and where touch can, to an extent, replace sight in orientation in space. This sub-conscious connection with places grows out of an instinctive connectivity with spaces and places through physical familiarity over time. We are not generally conscious of its contribution to our well-being unless it is missing. This is obviously one of the reasons why Jane does not like to visit her daughter as the following exchange illustrates:

> Jane: *My daughter lives at [a town] which is about 30 miles from here. She's got a great farm so she hasn't time for her mum. She'll come, and do my shopping, stock my freezers up and say: I have to go Mum. I've the bullocks to feed or she's something to do, so I don't see much of her.*
> *Friederike: Do you go and visit?*
> *Jane: No I don't - not now. I just feel I don't want to leave the house since my husband died. 10 years. We were married and he died on our 50th wedding anniversary.*
> *Friederike: Really? Oh.*
> *Jane: Wasn't that dreadful?*
> *Friederike: Yes.*
> *Jane: I just don't want to go anywhere. And if I go you see, I'm in the house on my own. They're out on the farm working. I think: no, I could be in my own home. I could – up to the last few years – I could see a bit, you know, but now I can't see anything.*
> (Egllesburn)

In the unfamiliar space of her daughter's house Jane loses her independence entirely; quite apart from the loneliness she feels when left alone in the house all day. In contrast she tends to be busy in her own home with various *DIY* projects that she supervises, or just with reminiscence of times past.

Other places acquire their meaning because of their social aspects. These places on the one hand enable social connectivity (or networking) and on the other hand through the often positive emotional relationships associated with these places reinforce them as meaningful spaces as the following exchange illustrates:

> *Barbara: So we don't go to anything like that* [support groups], *except our village hall. For the lunch. And there we're happy.*
> *Ken: Oh yes, a good time on the Tuesday.*
> *Barbara: ' Cos we are all chatting and laughing.*
> *Ken: And with dinner and coffee – it's great. It's my day out, but if it's snow or ice, that's it.*
> *…*
> *Friederike: Do you sometimes feel a little bit isolated, not being able to get out of the house?*
> *Ken: Aye, that's why I love to go out on a Tuesday, I look forward to that day. Not at the moment like, but in the winter months I can't get round there 'cos the wheels won't take it. I'd rather stay in. Alan, across the road, he fetches dinners across or Barbara goes and gets them so I always get my dinner.*
> *Barbara: But it's the company you miss.*
> *Ken: It is, aye, you get a good crack when you're over there. Know things and that.*
> *Friederike: Know what's happening?*
> *Ken: It's a miss when you can't get out over there. Never mind. Next week.*
> (Delves Lane)

The weekly lunch club at the village hall is Ken's only regular outing, and it allows him to connect with other people in the local community. Laughter and fun are important for Ken, who has multiple sclerosis (MS), and for his wife, who cares for him, as a coping mechanism with a very difficult situation. As mentioned in the previous chapter the couple maintain a positive outlook on life and attendance at the lunch club supports this. In contrast they decided not to attend the MS support group because participants there spent much time 'moaning', 'complaining' and 'comparing their symptoms'. The village hall enables this lunch club to take place and, importantly, it is accessible for Ken's wheelchair. In addition to the 'company' Ken enjoys hearing the news-about what's happening locally and beyond. This information is important to help Ken remain connected with the local community and its inhabitants, as well as with the world beyond. The positive after-effects of having been to the lunch club will remain with Ken and Barbara for days to

come as they discuss the event and the news that they have heard. In this way the social space of the village hall becomes a meaningful place in their lives.

Other places that participants recognised as important were local shops and post offices. These were as much valued for their services as for providing opportunities for socialising; in fact, for some, the local shop constituted the heart of the community.

> Friederike*: Where do you go shopping?*
> Sophie: *Up the village … we try and get as much as we can because quite honestly if you lose your shops, the place dies. There are things you can't get, you've got to go to [county town] to shop, but for the basics we go local. We try to keep it all local shopping.*
> Bert: *Yes, as much as we can.*
> (St John's Chapel)

The following extract illustrates further participants' understanding of 'community' as constantly em-placed and enacted connectivities. This becomes clear in particular because of the changes that the local village has undergone in recent years:

> Sophie*: I used to do Brownies and all the various things, church; just generally living in the community and doing what came naturally.*
> Friederike*: So do you think it has changed? Has it changed?*
> Sophie*: Walking round [the village] you see people you've never seen before. You don't know them, you know, you don't know all the people the way you used to. Strange faces.*
> Friederike*: Do you think it was a close community?*
> Sophie*: It was a close community, yes.*
> Bert*: It was [in the village]– there were three pubs, four pubs, but now there are only two. Two along the main street closed.*
> Sophie*: A huge place upstairs as well, used to sell clothes and you know general goods. There was a sweet shop, wasn't there? And a fish and chip shop when we first came here. Amazing isn't it? There's hardly any shops now at all.*
> Bert: *Not any more. It's all been closed down now.*
> (St John's Chapel)

This of course is a familiar story in many of the villages of this project and in other rural areas in the UK (NCW 2002). Not untypically it is the woman, Sophie, here who comments on the social changes and the closure of shops, and the man, Bert, who comments on the demise of the local pubs. As established residents Bert and Sophie feel that the 'strange faces' who now live in the village as yet lack the connectivities necessary to make up a 'community'. The 'incomers' are strangers because they as yet may have to establish their own connections with local people and local spaces to make them part of the community over time. A community in this sense is made up from an accumulation of embodied experiences and enacted actions which become embedded in the fabric of space and society through these connectivities across time. Although there are usually sufficient familiar places in older people's surroundings which enable these connectivities to

persist, Sophie's comment regarding the closure of shops gives a hint of what could be considered one of the causes for older people's dis-connection from their community: the change in the physical, built and structural environment which leads to an estrangement from the present and the future of their communities.

There are also examples of how dis-connections generated in the past can endure across time just because of people's relationships with certain places. Jane's account of her relationship with her neighbour is such an example:

> Friederike*: Do you have neighbours next door?*
> Jane*: Yes, we got off on the wrong foot somehow. You know I told you there was so much to do here? Rising damp, dry rot, you name it. It had it. So before we moved in we thought we'll get Rentokill to do the whole floor upstairs you know before we had it converted. We thought we'd better tell next door 'cos it makes an awful smell you know. We thought they can keep the windows closed. So we knocked on the door and Ken came to the door and we were telling him and he was very nice and then this lady was: 'What is it? What is it now?' Bustling to the door. She thought it was – they didn't get on with the people who lived here [before us] and she thought it was them coming complaining again.*
> *… [She said:] 'What is it?' When she saw it was us she didn't know where to look and she went back in the house and after that, she never bothered with us you see. But Ken's always -even now if there's rubbish. Like the man who brought the fire, left rubbish on my lawn, and I don't think the dustman took it, I think Ken took it 'cos he has a pick up and a quarry at the top and he'll get rid of things for me sometimes. What was I telling you?*
> Friederike: *Neighbours generally.*
> Jane: *Oh neighbours, we've never had a row or a wrong word, but David [my husband] was so ill and I had these French windows open and he'd sit just outside …and he was sat there just – don't know what he'd done to Carol – he says. She walks along the bottom past – she won't even look or say 'Good morning' or anything. This hurt him 'cos he was such a lovely man you know, so gentle.*
> (Egglesburn)

In this story Carol's antipathy toward the old neighbours was transferred onto Jane and David in a very unfortunate way. And this has shaped their relationship ever since. For Jane this is tragic indeed because her house is rather isolated geographically and Carol and Ken are the only immediate neighbours. It is fortunate for her that Ken does not bear his wife's grudge, and offers assistance to Jane occasionally.

Beyond neighbourhoods and local communities participants connected to a wide range of places through various processes. Day trips and coach trips to national holiday destinations or towns help older people to connect with places of interest to broaden their outlook, or in order to re-connect with the past where people have visited the place before. Some participants made regular

excursions to market towns and they enjoyed the hustle and bustle of market days; very likely a reminder of the past when markets were an important feature of people's lives both for shopping and for socialising. Individuals may seek these experiences of connecting with the past in order to re-affirm the continuity of their identity in a fast changing world.

But most participants in this research do not just live in the past. Many older people actively seek new experiences, and want very much to be part of the present and future. Some of the interviewees commented that they enjoyed watching the news. This was partly due to 'habit' (established during WWII as Bert commented) and partly because they were genuinely interested in world affairs. Bert for instance, had been stationed in the Middle East during WWII and followed with interest events in today's Iran and Iraq. Sophie and Bert had travelled extensively since retirement, and Bert's interest in walking, hiking and mountain climbing had taken them all over the world. Bert, who was 91 years old at the time of the interview, had been a very active walker until only two years ago. Bert's only wish was to be able to climb another mountain, but he was also aware that he was now too frail to be able to do so. But he still enjoyed watching nature and travel programmes on television. This was of course a poor substitute for the embodied experience of walking in the mountains, but Bert seemed to accept this as part of the ageing process with relative grace. Jane's interest, on the other hand, was in clothes and she complained bitterly that she could not get to the shops to find out what the latest fashions were. She very much wanted to know what was going on in the world; however she felt discontented and disconnected because of her blindness.

6.5 Connectivities with social structures and political processes

Jane's discontent and disconnection was partly due to the inappropriateness and lack of support for people with sight impairments like herself. In this part I will be examining comments made by interviewees and focus group participants regarding their relationship with societal structures, for instance service provision, and political structures such as engagement in political processes, and citizenship rights and responsibilities. These comments reveal some of the wider societal processes involved in shaping these relationships over a life course. They also illustrate how dramatic changes in individual life experiences and the ageing process can lead to changes in the relationship with service providers and political processes.

I want to briefly summarize here the relevant points made in previous sections in order to take the discussion forward from there: In section 5.1 I briefly discussed how individuals with disabilities have to fight for what they see as their right in terms of accessing public spaces and places. Both

Nancy and Stan, and Hilary, attempt to educate shop owners and others regarding the needs of disabled people. In section 5.2 I argued that an individual's expectations regarding mobility are shaped by personal experience, for instance in relation to the frequency of public transport provision. In the UK, because of its history of relatively good and subsidised public transport, many people have come to expect the provision of frequent and inexpensive public transport almost as their right. I have also discussed the societal discourses surrounding mobility and independence, and to what extent planners and service providers expect people to have access to a car. I have also commented on the discourses around independent ageing which can lead to the individual becoming isolated and disconnected from society and services. In section 5.6.2 I mentioned the inter-relationship between individual well-being and community well-being. As we have seen in section 6.4, community facilities enable connectivity, and their decline will lead to a decline in community as well as individual connectivities. In this respect mobility in relation to service provision should not be about access but about enabling connectivities. The processes involved then are not about giving and receiving (benefits for instance). Instead those processes ought to be about enabling the individual to stay connected with political and societal processes.

I now analyse some of the evidence from this research which reveals the types of processes that participants were involved with, and show how individuals can become disconnected from societal processes. I will be following a gradient from 'negative connectivity' (through disempowerment) to positive connectivity in processes on various levels from involvement for individual benefit to community activism and volunteers, and to involvement in representative processes in civil society.

There was relatively little evidence in this research of negative connectivity, where the individual has become disempowered in making choices regarding their own lives through limiting structural or political processes. The reason for this lack of evidence is probably due to the self selection of the participants which meant that individuals who were more actively and positively engaged with life and their communities were also more likely to take part in the project. But there are two examples which can be considered not untypical of the experiences of some other older people. The first evidence comes from the way Charles and Beth talk about their 'housing history'. They have always lived in local authority owned properties, and it seems that their moves were often not their choice, but instigated by the council. The following extract gives an impression of the 'powerlessness' that the family felt in being moved from one property to another:

> Charles: *We weren't in there 5 minutes and we decided- it was like a three bed-roomed house- "I'm going to do away with one of the bedrooms, make it into a bigger bathroom".*

Terrible bathroom we had, make it into a big bathroom, and [the council] *moved us all out, set us up at Lady Gardens. We got into a lovely house there didn't we?*
Beth*: Oh yes.*
Charles: *We had walked into a house we had nothing to do with.*
Beth: *Oh no, that wasn't Lady Gardens. It was filthy, Lady Gardens. We had a whole lot to do. When we moved to Tennison we walked into a lovely house. Remember?*
Friederike*: It sounds like you've moved around quite a lot.*
Beth: *I tell you, it's the council that keep pushing us around here, there and everywhere.*
Charles*: We were, had to do all things, rewiring, new on new, new heater, had to get fires in and everything. Couldn't stop in the houses like. Shoving you wherever there was an empty house.*
(Dipton)

This unequal relationship with the council which Charles and Beth have experienced is characterised by the couple's passivity in the face of bureaucratic decision making and policy which has no consideration for the individual. Charles invested much time, and probably money, into making the houses habitable and homely, and was then moved on without his voice being heard. Some critics of the welfare system in the UK would argue that this passivity is partly due to a 'learned structured dependency' (Scharf 2009; Townsend 2007). Charles's relationship with service providers is characterised by a passive acceptance of what is offered. His lack of education and long-term unemployment may be other factors which lead to a lack of confidence vis-à-vis service providers and other 'experts'. This passivity is also evident in his recent dealings with Social Services and dementia support services:

Charles*: But there's the one that comes to see me as well.*
Beth: *Oh you mean, social services, he only came once.*
Charles*: Aye, but he's going to come again.*
Friederike*: What do they do?*
Beth: *Just talked.*
Charles: *Just talks to us and that.*
Beth*: More or less what you're doing now. Asking him questions and what have you.*
Granddaughter*: That's about all he did.*
Charles: *He just sits there and talks, and asks about this and that.*
(Dipton)

In Charles's case the lack of understanding of why the person from Social Services was visiting could be attributed to his dementia. However, both his wife and granddaughter seem to have little more information and understanding of why the person was asking questions and why and when he would be visiting again. They seem to be completely dependent on being told by social services what their welfare rights may be and it seems that they have been given little information to date which would enable them to take a more pro-active role in seeking support. In contrast to Charles and Beth many other participants in the research commented on this same lack of information regarding available support from statutory and voluntary agencies. The passivity regarding their

welfare and other rights in Charles's and Beth's case may well be due to their generation's values of being independent and not asking for anything, but rather to 'make do' with little. This attitude is also apparent in Mrs Brown's case. The extracts below illustrate just how hard Mrs Brown, who is now 91 years old, had to work as a young woman, a period of her life which shaped many of her attitudes even in old age:

> Mrs Brown*: Aye, see people don't realise, the very, very hard work that people had to do and it was hard work. Really hard work. I mean I worked at a place at North Shields – I worked in the house, I didn't work on the farm, I worked nights. And stockings, there was no tights and stockings then, mind I'm talking I was about 20 and I'm 91 now – stockings were on the go. And they was sixpence halfpenny a pair … and I was 20, a shilling a week pocket money. Now that's what I got.*
> *Friederike: Working?*
> Mrs Brown*: Yes. My father used to take the money. I got a shilling a week and every week nearly I wanted tights because of the kneeling I did. And this little laddie, one of the family, he used to come and say: "Mary, do you want any stockings this week?" Well, they was sixpence halfpenny …*
> *Friederike: Did you say you had to give the money that you earned to your Dad?*
> Mrs Brown*: Yes. Yes I did. I used to get nine shilling a week in those days. Nine shillings.*
> (Dipton)

Mrs Brown's experience is typical of young working class women prior to WWII. Anna recounts a similar experience as a servant. Anna then went on to go into the army which for her was an emancipatory experience which probably enabled her to fight for her rights in old age vis-à-vis social services. Mrs Brown continued to work hard throughout her married life although she counts herself lucky and describes herself as 'happy'. In spite of her blindness and subsequent limitation she considers herself more fortunate than others as the following extract regarding her consultation with the GP illustrates (Note: Marion is Mrs Brown's friend who provides much support):

> Friederike: *You could ask the doctor to visit at home?*
> Mrs Brown: *Well they know, you know, they know the predicament* [blindness] *you know.*
> Marion: *She* [Mrs Brown] *say's she's going to the doctor's when she shouldn't have gone to the doctor.*
> Mrs Brown: *I know.*
> Friederike: *Because you were too ill?*
> Mrs Brown: *Yes.*
> Marion*: She was too ill to go to the doctor but she still went.*
> Friederik*e: Oh dear.*
> Mrs Brown: *Well you can't help it.*
> Friederike: *Is that because you don't like to trouble them visiting you at home?*
> Mrs Brown: *Oh no, no, that's no no no. I don't like putting on anybody.*
> Marion: *She thinks that other people might need the doctor more.*
> Mrs Brown*: Yes. Yes, yes I do. Never mind, I've managed. Somebody said I should have called the doctor when I fell but I didn't. I mean I was dreadful – black and blue right up here but it's gone away now. So that's it.*
> (Medomsley)

This fierce independence with regard to any public service provision was also evident with Agnes who would not visit the doctor despite her severe arthritis. For some women of this generation hardship and suffering are integral parts of life but they still remain positive in spite of it. They are also very private in their suffering and make few demands for assistance. Similarly to Charles and Beth, Mrs Brown herself knows very little about her entitlement for assistance. She has never actively gone out to enquire about available support but has been lucky to receive everything she needs, mostly due to her extended network of friends and family who care about her.

> Mrs Brown: *Well, I have a wheelchair, I have a wheelchair and you know, as long as I have the stick because I've fallen quite a lot. I have, I'm always falling down, but no, I have a wheelchair and I have a Zimmer frame, but I'm well looked after that way. Oh yes.* (Medomsley)

Mrs Brown is happy as long as she can still move about and socialise. In spite of her independent nature she loves people, she says, and her visits to the community club every week are her highlights. But it is certainly imaginable that the fierce pride and independence (a deliberate un-connectedness) combined with a lack of information regarding entitlements which characterises some of the participants' relationship with statutory and voluntary agencies could potentially lead to social isolation and mental disconnection from the world, especially where there is little support from family members and friends.

One of the reasons that some individuals are reluctant to accept assistance is because of the unequal nature of the relationship with agencies or the state in that situation. Receiving help without being able to reciprocate is difficult for people who were brought up never to accept alms or 'charity'. Older people fear becoming a burden to others. This was discussed earlier in the section on independence (Chapter 4). I argued then that a more vertical inter-generational approach to inter-dependence was needed to alleviate the fears of the older generation to be a burden on society. There is some evidence that the new generation of older people have less trouble accepting assistance which they regard as their right. One focus group participant in Gainford sums up the issue with regard to his own mother:

> Andrew*: I think though there's another issue and it's this: there's another generation of old people now that are far more turned on than the likes of my mother. My mother for example didn't… All benefit was charity and she wasn't having any. The fact that she didn't get a proper pension was irrelevant and in the finish my sister got the form and said: "Sign the bloody thing", and she got £100 and she said: "What am I going to do with that?" See what we've got now is a new generation … But the new generation of course are well turned on, they know what they're entitled to, people are more aware of what's going on.* (Gainford)

Although the "new generation" is indeed generally more informed and more confident in actively seeking support, there were many participants who described their struggles to get important information about entitlement or other information. One participant described how she received the financial support she was entitled to only because a young relative working at Social Services gave her the relevant information:

> Maureen*: I lived on £42 a week after Ray died for about 6 weeks. I was in despair. I kept thinking: "Well, this cannot be right." So I was in despair at the time, and I thought "What do I do here, where do I turn?" I rang my grandson who was a senior executive in the DSS I rang him and he said: "Leave it with me and I'll get one of the girls to sort things out and I'll get back to you." And he did and he said: "Nanna, in my reckoning here, they owe you £307." I said: "Well, what's happening?" He said: "I'm going to give you a number to ring, don't tell them where you've got the number from, but ring them and say what I'm saying to you: Would you please get this sorted out. How am I expected to live on £42 a week?" I rang this number; they said: "Oh how did you get this number?" I said: "I'm not permitted to say, and I'm asking you to sort this out please, it's impossible for me to live on £42 a week. Something is not right." She said: "Well, actually, Mrs Walker, we're just in the process of sorting this out for you. You'll get a letter in a couple of days." I said: "How very strange, that I've rang you and now you're all prepared to move." So I started getting Giros, and I rang Gerald when I got the third Giro and I said: "Well, I don't know what's going to happen now." He said: "Are you quite happy with what you've got, or do you want me to go any further, because it seems to me that they've taken the pension credit back from you." I said: "Just leave it at that then, Gerald, if they've got it back, that's all I want." So then I got my proper pension. But I mean nobody's ever bothered it.*
> Charlie: *There's a lack of communication about it.*
> Maureen: *The young people, they seem to know everything that you can get. Old people don't because we've never claimed and we just don't know what you're entitled to.*
> (Delves Lane)

Although Maureen now has a sufficient income, it is evident from this account of events that Maureen still does not really understand what her entitlement is, and why. What also emerges in this account, and is also commented on by other participants, is the fact that older people experience the 'system' almost as a 'secret society' which is reluctant to give up its advantage, i.e. information that would enable people to receive the benefits to which they are entitled. In particular women of this generation have often little experience of dealing with financial issues or bureaucracies, as this was often the role of the husband. As mentioned in the extract above, in Maureen's case her difficulties started after the death of her husband. Like Maureen many other widowed female participants rely entirely on children or grandchildren to deal with official matters. Donald and Thomas discuss the support they provide for their ageing parents in dealing with paperwork and official mail (see section 3.3.4) and Donald concludes the following:

> Donald: *So it's society in general that's making it uncomfortable for the older generation, really uncomfortable for them.*

(Copley)

The un-connectedness with the world of service provision that many older people experience is thus due to unfamiliarity, an alienation from what older people have known throughout most of their lives, where support systems were based on family and friendship ties, not on state provision. Older people's connection to the state system are based on ideas of citizenship responsibilities that the individual owes towards society, whereas younger people's ideas of citizenship are more about 'rights' and the obligation of the state to look after the individual. Because some older people may feel this discomfort with a modern and alien world they withdraw from active participation in society. Maureen's account above also expresses her despair at the injustice she feels at having to live off £42 a week. She knows this can't be 'right', but she feels powerless vis-à-vis a system that she has never learnt to negotiate.

In the above section I looked at difference between cohorts and their experiences with statutory agencies that provide support for older people. There the connectivities were dependent on life course experiences over time. But there are also connectivities that depend on place, and participants were very much aware of how their own place of residence shaped their life experiences, as well as their relationship with outside agencies such as health services or county council. As some of the study areas were very rural this not only had an impact on individual participants' experiences, but also played a role in the position of whole communities or villages in relation to these agencies. Some examples of the influence of rurality and the geographical location of places on older people's mobility were discussed in earlier sections. For instance in section 3.2.3 I discussed remote locations and access to hospitals, as well as the unequal distribution across the county of the access bus, a service run by the county council for individuals with mobility problems. The remoteness of certain areas seems to be a factor in accessing information on transport services and support services. But geographical location also has an impact on whether certain support is available for older people, as for instance carers, cleaners and other volunteers are fewer in number in rural areas. Olwen's comment illustrates the concern and uncertainty she feels:

> Olwen: *You see, I've got Aunt Edna now and she's frail, she doesn't want to leave [the village] but there's not the facilities for her here in [the village]. All help [i.e. carers] finish at [lunch time]. What help is she going to get after dinner? There's nobody and that's going to be the worry.*
> (Rookhope)

Although Olwen is here concerned about her elderly aunt and whether she will be able to remain living independently in her own home, the uncertainty expressed applies also to Olwen's own ageing and her future. Olwen is widowed and although she has a son who lives at home, he works away most of the time and is thus unavailable to support Olwen. The geographical isolation of this particular village in an already rural area contributes to participants' concerns regarding support from statutory and voluntary agencies. Another participant went further to express his frustration at what he considers the neglect of the rural villages by councils:

> Donald*: But we were always very suspicious of things like this because [subsidies for buses] do tend to disappear without word and it's really opened my eyes being on the parish council, seeing how much money goes into places like [the town] and how little goes into places like [this village], and we're just forgotten about. We've got a lovely play area going to open up down over, we got some grants for that, children's area, we're very proud of. Otherwise things like footpaths, street cleaning and things like that we don't get it. [The town] gets regular maintenance. Places like [another village] seem to get a lot of things done there, but we're just forgotten about.*
> Thomas: *And our poll taxes are just as high, £1000 a year.*
> Friederike*: So why do you think [this village] is forgotten?*
> Donald*: I think people don't complain enough. I think the people in [this village] are resigned to it and if they do complain we get the police into meetings and I've complained about various things. I've complained about the speed the traffic goes through the village: it's 30 mph and they do double that without any bother but nobody does anything. We haven't got the manpower but if it was [the town] they'd be there like a shot.*
> (Copley)

As representative on the parish council Donald has quickly become disillusioned by the lack of engagement by villagers to initiate positive change in the area. In Chapter 4 on 'attitudes' I discussed this particular village, the decline of its community and the impact this has on older people. As was discussed above this village also has lost some of its connectivities between people and place. In addition, and because of its remoteness, the village residents feel disconnected from the local government; in fact Donald and Thomas feel that their village is disadvantaged in comparison to other villages and nearby towns. This disadvantage relates to a number of issues, from policing to traffic management to general maintenance. Donald and Thomas obviously feel that their village should receive services similar to those of the town and this expectation is based on the fact that they pay the same amount of 'poll tax' (= council tax). This fact was mentioned by other participants and was often used as the basis for what people considered their 'rights' to receive certain services. In contrast to the residents in Donald's village, and also to Charles and Beth mentioned earlier, who had little expectations from service providers, there were also a number of individuals who were very vocal in representing themselves and others vis-à-vis council officials and service providers. Donald himself is an interesting case in point: he is one of those

'incomers' that many older people are concerned about. A retired school teacher, he also has a interest which involves the attendance of meetings in other parts of the country for this hobby. He is physically very active, describes himself as 'outgoing', manages the village hall and has found himself elected onto the parish council. He connects to the world on a number of different levels, from the global weather to being a 'good citizen', to enjoying the physical environment during his running. But like many before him he has become frustrated by the lack of engagement of other villagers, and also by the lack of response from council and service providers who fail to appreciate his commitment to improving the village to benefit all residents. It's easy to predict that eventually, like others before him, he will retire from trying to make positive changes for the community. This problem is very common with volunteers across the area. In Moorside for instance, Rachel and Chris, who were community activists, among other things working to set up activities for older people, complained that few people turned up to the Residents' Association meetings and to their social afternoon in the community centre:

> Chris: *Yes, I mean Gwennie [next door], she's hopeless, I've invited her down to the club, I've invited her to do this, that and the other but she's one of these moaners. Why, what do you call them with, they glory in their own self pity sort of.*
> Maureen*: They wallow in their own self pity.*
> Rachel*: I mean when we started this club on a Wednesday afternoon we said there was a desperate need for somewhere for elderly people to socialise. So Chris and I got together and said: "Right, well, there's people who won't know", so I went round all the bungalows in Moorside and asked. [People said:] "Oh yes, that would be great, that would be smashing." I said: "Right, if you can't get there under your own steam we'll make arrangements to have you collected and brought back." Out of [all the] bungalows that I targeted there was [only] one person [who] came, and I picked her up, and I brought her and she came the one week and that was it, and the rest of it has just been by word of mouth and there's only one person that we pick up isn't there?*
> Chris: *They don't want to be involved, I mean we run the Residents Association as well and it's the same.*
> Rachel: *The same faces.*
> Chris: *They don't put themselves out, to do what you've done.*
> Rachel: *They just can't be bothered to turn up, but they're the first ones to say: "[The council are] doing nothing about this, look at the behaviour round, look at the crime, they're doing nothing", but they won't get involved. And I mean we recognise that transport might be an issue and even sorted that but it didn't make any difference. Having said that, mind, as soon as they hear the words "free trip" they all walk down here , but they can't walk down here to take part in any meetings. [People say:] "Oh I can't walk that far", but when there's a free trip mentioned.*
> Chris: *They're down and they're first on the bus.*
> (Moorside)

Older people are well aware of the benefits to their own individual well-being of being connected socially. There is also evidence that these enacted connectivities between individuals contribute to

‘community spirit’. Previous research has looked at the role of community organisations in the creation of a feeling of belonging within communities (Neal and Walters 2008). What is interesting about the above extract is the connectivities between the two volunteers, Rachel and Chris, and the rest of the community. The narrative of the two women is representative of many of the stories volunteers have told throughout the research (see also Donald and Thomas in Copley). Older volunteers play a significant role in community activism. Their commitment to improving facilities and quality of life for the whole community is extensive. A number of organisations encourage older people to volunteer as part of being “good citizens” (Age Concern 2006). People like Chris and Rachel, or Donald, often do not set out to become community representatives and activists but gradually take on this and other roles because they become known within and outside of the community as active and outspoken. Rachel and Chris have been close friends since childhood. They are now active in Moorside in a variety of roles, from being representatives of the Public Housing Tenants’ Associations, to running a social afternoon and day trips for older people, to connecting with councillors, and an interest in local politics. One of their activities is to ‘complain’ to the council or other agencies about services, such as in one instance the unreliability of local buses, which subsequently improved. Rachel talks about the fact that people complain, but do not take action, i.e. do not complain to the right people. Donald also bemoaned the fact that improvements were not forthcoming because people did not complain enough; again he means ‘complain to the right people’, such as council officials. From Donald’s and Rachel’s comments it seems that it may partly be because community activists take on this role of community representation, that other members of the community feel that they do not have to take direct action themselves. The question is whether this is due to a process of dis-engagement (or dis-empowerment), or simply because of people’s inertia. The question of motivation again arises in the above quotation (this was discussed in Chapter 4 in relation to physical mobility). Transport was obviously not an issue with regards to attention at the social afternoon. Nonetheless many people were not motivated sufficiently to take part in the regular event, but were happy to take part in free coach trips. The reasons for the lack of motivation are potentially varied and complex on an individual and community level, and this study is unable to answer these questions. But there certainly seems to be a mis-match, or disconnection on a societal level between what society envisages for the ageing individual and the actual experience of ageing. A sedate social afternoon is offered as a suitable past time for older people in this community but people actually want to get out and connect with the world (and have fun). That these trips should ideally be free of charge is another issue, and most likely connected to cultures surrounding class in the UK (such as ‘learned structured dependency’) as well as lack of financial resources. Moorside certainly is one of the

more disadvantaged communities in the area, a council estate with high unemployment and poverty. Chris herself has discovered coach trips abroad since her retirement and enjoys them enormously. This aspect of connectivity relates back to the earlier argument that physical and mental mobility (and thus connecting with the world) are closely inter-connected, both reinforcing and supporting the other.

6.5.1 Critical engagement with social structures and processes

As I have noted individuals' connectivities to social structures and agencies occur on different scales, from the personal to the local to the national, and vary in their qualities, from negative (or dis-connection), to positive engagement with communities. Participants' comments regarding 'complaints' suggest that citizenship rights and responsibilities are closely linked to critical engagement with statutory agencies and other representative structures of the state such as local councils. In the above section these critical connectivities related mostly to service provision on an individual or community level. But participants' critical engagement with the state and society extend beyond this level through reflection of new societal discourses and practices around surveillance of the individual and of service providers' engagement practices with clients. Direct criticism of the system was rare among participants, although many indirectly voiced criticism based on how they themselves had been treated by service providers, such as Anna in Chapter 5 whose carer and social worker had essentially treated her with a lack of respect and consideration. Matthew also experienced this lack of consideration during the time he was caring for his wife:

> Matthew: *I used to bathe me wife and the doctor says: "You can't do that. We will arrange for someone else to do it." So Social Services came, lady there, with my wife sitting in the middle and they were arguing as to who should do it and I thought, [my wife] was nearly in tears you know, she is dependent on them and "It's not my job, it's your job" they were saying and "Who's going to pay for it?" and I thought 'Why?' and this brings it home to you.*
> Friederike: *Do you feel that it takes away a person's dignity?*
> Matthew: *That's right, why?*
> (Consett)

This experience prompted Matthew to get involved in a carers' forum and he now is involved with the NHS as a patient representative on the Patient and Public Involvement initiative (PPI). He relates a recent experience from a meeting at the forum which illustrates his critical consciousness in relation to PPI consultation processes. The incident also illustrates some of the issues involved in the relationship between service providers and the public:

> Matthew: *Three weeks ago I was at a meeting and all the big knobs were there, sorry. And they sent out a questionnaire to all the people who had had services from them and they got a response from this questionnaire and they were patting themselves on the back: 69% of*

> *the forms had been returned and about 65% of them said they were doing a good job, and they were all smiles and whatnot, and one guy turned up and says: "Have you wondered why it's a big percentage [who have] not filled the forms? Have you not wondered why?" No. "Did you not think that people that filled in the forms were getting something off you? If they said it was lousy or they wanted more they'd be means tested so they shut up." They [the managers] hadn't a clue. It's true.*
> (Consett)

The managers had been emphasizing the organisation's positive achievement and clients' supportive feedback but were criticised by the lay members of the PPI group. An important point is raised here which is that many older people will not criticise or complain to organisations or agencies (see Charles, Beth and Mrs Brown above). In this instance the lack of complaint is related to the fear of having services withdrawn or just of drawing attention to oneself. This is partly the result of the welfare discourse which is based on the assumption that older people are essentially a burden to society and should be grateful for any support they receive (Guardian 2009), Matthew's last comments express another sentiment which is that service providers do not understand the needs or motivations of their clients. The disconnection is thus mutual. What are the possible reasons for this disconnection? The following extract may give a clue to some further issues with regards to communication between service providers and older people which contribute to the lack of understanding:

> Matthew: *You know, people don't understand, they don't want to understand, sometimes that's it, put it that way, sometimes that is the case. Never mind, I've said it. It's easy to interpret the statistics in the way that you want to. You can make the questions that you feel you want the answers to come back.*
> (Consett)

One of the problems raised here is the incompatibility of the managers' paradigm based on quantitative knowledge, and older people's understanding of the world which is based upon personal experience. This leads to mistrust of the system by older people because the quantitative paradigm does not adequately reflect the complexities of individuals' lives. And managers on the other hand ignore anything that is not quantitative as 'un-scientific' evidence. The discussion that follows further expresses this alienation of older people by a bureaucratic system that makes little sense to them at best and ignores privacy and inhibits personal freedom at worst:

> Nancy: *Be very wary about what it says on the form: "This is all private and confidential" (Stan: "Pooh"), there is no such thing. (Stan: "Aye"). They want for you to apply for Council Tax Credit or whatever (Stan: "Hahaha"), we got nothing with that, but be very wary when it says: "It's private and confidential", because there is no such thing. You're on the computer.*

Friederike: *Once you're in the system*
Nancy: *And they can press a button and know everything.*
Jenny: *They can do that now, can't they?*
Stan: *Do everything, yeah.*
Matthew: *I've even got the letter in the house that asks me to send them money and the latest bank statement and they expect me to do it. If I asked you for your bank statement would you give me it?*
Friederike*: Well, not without good reason.* [laughter]
Matthew: *This is the way I think about it. Who vets the vetter*? [general agreement] …*Big Brother, see.* [general agreement]
Stan: *Police state.*

This exchange illustrates how participants have begun to consider the relationship between the individual and the state as asymmetric: the state has acquired the right to surveillance and control of the individual, but the individual's rights to 'vet' the state are very limited. This has lead to a connectivity which is characterised by the individual's mistrust of the state's structures and procedures. And modern day technology which potentially makes communication between individual and state easier is again used to the individual's disadvantage. This feeling of disadvantage or 'being taken advantage of' which Matthew expresses is understandable in a context where older people are largely excluded from the use of modern technology such as computers. Modern technology has also enabled the gathering of extensive information to satisfy bureaucratic procedures without any evident relevance or link as the following exchange shows:

Nancy: *There is an instance where you rang up for a …*
Stan*: Shower*
Nancy: *No, for walking sticks because they delivered walking sticks one higher than the other (Stan: "No, heavier, different weightings"). …We rang, and they asked all these personal things, and in the end she said: "What religion are you?" and he said "What's the relevance, why?" She said she had to ask. He says: "Well, why have you got to ask it?" And she said: "The government wants to know where all the money's going to." And that's what the answer was. (Stan: "What religion are you?"). He had to ring again, the same one asked the same question and he said: "Why?" She said: "Well, you needn't answer." But he said: "Why are we asked?" (Stan: "Why are you asking?")*
Jenny: *It's totally irrelevant.*
Nancy*: It's totally irrelevant. For two sticks.*
Stan*: There was a ramp as well and we had to ring up Tony Blair's [constituency office in] Trimdon Village, that's where the office is you see, and once again he asked the question. … He said: "What religion are you?" I said: "Hang on, why are you asking?" He says: "Well, I've got to ask." [I said:] "I'm aware of that. I'll ask you the same question, so why are you asking me that question? I want to know." And it was just basically he wouldn't answer, and yet you ask them something and they don't know the answer.*
(Consett)

It's easy to see that from Nancy's and Stan's perspective this is a bureaucratic system "out of control", where some of those within the system are firstly incompetent and secondly themselves

do not understand the reasoning behind the information they have to gather. In this discussion 'the government' becomes an alien and remote figure whose aim is to control and take advantage of its citizens. Nonetheless Nancy and Stan will use their citizenship rights and campaign directly with government officers in order to receive an access ramp to their front door. The above discussion illustrates the complex and at times contradictory connectivities between the 'state' and its citizens. A sense of alienation pervades these connectivities on both sides which is particularly relevant for older people as mentioned above. Although human beings are very adaptable, many participants in this research expressed a sense of alienation from modern day society because of the many changes that have occurred. Donald in Copley (this section) expressed how the modern world was making life 'uncomfortable' for older people. Nonetheless many participants continue to be engaged in the world, and maintain an interest in new developments through contact with younger people.
The next section explores the relationships and connectivities between the generations.

6.6 Intergenerational connectivities

Many of the participants in this research worked as volunteers in one capacity or another. In fact, participation in the research itself could be seen as a 'volunteer' activity, and as such the project probably attracted a certain type of person, i.e. individuals who are generally interested in issues beyond their own personal lives. Of course the theme of 'daily mobility' also attracted those who had individual experiences of issues around mobility but the group discussions served to open up personal stories to a wider audience, i.e. the discussions actually broadened the horizons of those participating (e.g. Barnard Castle) and, in a few cases, the discussions and diagramming served as means of reflecting on participants' own lives or even as therapy (e.g. Robert in Middleton-in-Teesdale). What all participants had in common is openness to new experiences, an ability to listen (to varying degrees), respect for others and, in most cases, an ability to empathise with others. The majority of participants were also concerned about their communities, their future, and the role of young people in the communities. Inter-generational relationships were discussed in many sessions and I want to illustrate here some of the more typical attitudes displayed and issues raised. The discussions were often around teenagers as a 'social problem' and participants attempted an analysis of the problem, often with a comparison to participants' own childhoods or of how their own children had been brought up such as the following extract illustrates:

> Donna: *I find if you're just coming into the village lately I mean I was always connected with the village with guiding and school etc, but actually living in the village itself it's completely different to living three and a half miles out of it.*
> Clarice*: It is, it's the teenagers that have nothing. They are the ones at the moment.*

Pamela*: Because they want everything made for them. We provided our own.*
Marianne*: They do, they do, there's a lot of teenagers now in the village is there?*
Pamela*: They are an awful lot.*
Donna*: I have got mixed feelings on that, I don't know.*
Marianne*: Some organisations. Haven't the Girl Guides closed?*
Donna*: No we've still got Girl Guides.*
Marianne: *I used to be a Girl Guide.*
Donna: *We've got Rainbows, Brownies and Guides.*
Marianne: *For the younger generation. No I think there's plenty going on, but I don't know. I have got 7 great grandchildren and I'm just wondering what their outlook on life is so different to when I was young. As you say they want everything ready for them, true. And they lose their imagination when they're about 6 or 7. You know how they can imagine. But they get grown up at 8 or 9 year old.*
Donna: *I mean I'm a qualified community worker. I wouldn't go now and attempt to be a youth leader, I wouldn't consider it.*
Friederike: *Is that because young people are very difficult to deal with?*
Donna: *They have no respect for what's going on round about them. But where do you gain that from, your parents, from the way you are brought up in the home, not on the street.*
(Wolsingham)

There is obviously a difference in relation to where one lives as Donna's comments illustrate. She has become aware of the problem only since moving into the village itself. Participants in this group seem to disagree on exactly what the problem is, whether there is a lack of facilities or an 'attitude problem'. Marianne's comment illustrates the dis-connection some older people feel with the younger generation because of the different 'outlook on life'. This is also illustrated in the following story:

Marianne: *My little grand daughter, she's 16 now. I guess when she was about 13 she says: "Have you got designer labels on your clothes?" to me. I says: "All my clothes have labels on, I don't know whether they are designers or not." I thought: "What's designer labels? I've never heard of this before."* [laughter] *And I said: "Yes, all mine have labels." And she says: "Oh, you're very lucky."* [laughter]
(Wolsingham)

Although Marianne is in her nineties she is generally a very outgoing and sociable person who still takes holidays abroad. Her lack of understanding for her great-grandchildren is therefore not due to her lack of interest or openness to the modern world. It seems that the two generations here are almost literally worlds apart because of the different life experiences related to the changes in wider society. This shapes people's attitudes as is discussed above in the comments made regarding a certain passivity of the younger generation- Marianne's view that 'they want everything provided for them'. It would be interesting to further investigate to what extent this lack of initiative might

be related to the 'learned dependency' which some critics have blamed on the welfare state (Baltes 1996), or whether this is a wider social phenomenon of modern times.

The reality of many older people's experiences is that they find groups of youngsters intimidating. Some will cross the road to avoid them, or avoid going out altogether at certain times, particularly after dark, but also during school holidays and weekends. The following illustrates this:

> Friederike: *You were saying something about the young people, teenagers, do you find they hang about?*
> Pamela: *Yes, they do. In gangs, yes.*
> Clarice: *It's a bit intimidating when there's a whole pile of them, isn't it?* [agreement]
> Donna: *It's not as if it's just two or three.*
> Pamela: *There's always half a dozen.*
> Donna: *There is, or more, and girls are as bad as boys*
> Clarice*: They're very intimidating*
> Friederike: *We were discussing ageing. We've gone a bit beyond that but it doesn't matter at all.*
> Clarice: *It all works in together doesn't it?*
> Donna: *Exactly, it's all connected isn't it?*
> (Wolsingham)

The above exchange also illustrates how this issue regarding the intimidation felt by older people has an impact on participants' mobility and general quality of life as an older person. Clarice and Donna emphasise that the issues around fear, mobility and ageing are all inter-connected. Some of the participants feel threatened by the groups of younger people, although they admitted readily that they generally were harmless. The ageing individual can feel more vulnerable because of physical frailty, as one participant says 'I couldn't run away now' (Consett). Clarice and Donna are concluding that the experience of ageing and what goes on in the physical and social environment are closely related. The individual experiences ageing in a holistic manner, and this is one of the points I would like to emphasise here: the ageing individual is part of a web of emotional connectivities, social relationships and societal discourses, which all contribute to shaping the experience of ageing.

Because of their long life course history older people are able to deeply reflect on the changes and continuities in their communities. Participants were not solely critical of young people though. They expressed much understanding for the difficulties, such as unemployment, faced by the younger generation. Some participants reflected critically on the 'vilification' of young people in modern society:

Matthew: *It's a thing that's wrong because of their age. Some of the* [teenagers] *are, they are adults and you get the same in the older society. A lot of people say: "Oh teenagers, they're all the same." They're not, there's some darned good teenagers you know. I think it comes down to the fact, I'm sorry I'm getting off the track again. We preach to them instead of listening to them.*
Nancy: *You see to me they're bringing out a law now, it was on the television last night, if there is half a dozen young people, they're going to move them on. If it was half a dozen old people they wouldn't go and move them along.*
Matthew: *It's discrimination the other way round.*
(Consett)

Matthew makes an important point here: intergenerational connectivities should be based on two-way communication, both parties listening to the other. The establishment of personal connections would also overcome the stereotyping that often occurs between generations. The stereotyping of (anonymous) groups of teenagers tends to be negative whereas many participants recounted positive relationships with their own grandchildren, such as Clarice's comments illustrate:

Clarice: *But the grandchildren that are older bring you into their concept and give you a bit of an idea and they listen to what you say. So working it is a two way street.*
Marianne: *Oh it is yes.*
Pamela*: With all our grandchildren we are very lucky because they live round the corner.*
Donna: *See mine doesn't, mine lives right down South.*
Clarice: *The boys, I mean, listen to a lot that* [their granddad] *says and* [our grandson] *does really, I mean he'll come and say: "Granddad what about this?" and talk to you about it.*
Pamela: *It's nice when they bring their grandfather in.*
(Wolsingham)

Clarice feels that it is important that young people listen to the older generation. This came across in another group discussion: older people feel that they have much to contribute to society in general and young people's learning because of their life experience. Clare refers to this in her comment:

Clare: *Well, I don't know really. No, I think experience brings its own, your life experience brings its wisdom in a lot of ways, but I think like as Duncan says in this day and age whether you feel any, you know, you can't get that wisdom or whatever you've learned from your experiences, you can't pass that on to the younger generation.*
(Witton-le Wear)

Clare is disappointed because in her experience young people are not willing to listen to her 'wisdom' or life experience. She would very much like to pass on her learning to young people. It would be interesting to know whether her lack of success may be connected to her own way of communicating, i.e. whether she herself listens to younger people's concerns as Matthew suggested. Older people at times experience the stereotyping of other groups in society, i.e. ageism

of one sort or another. This was discussed in the section on mobility and public transport. Ageist behaviour is often due to a lack of consideration for others. This lack of consideration is related to the lack of understanding between generations. Younger people may find it difficult to imagine what it is like to embody old age. This leads to further disconnection for many older people, but there are also examples where participants have resisted stereotyping with humour as Marianne's story illustrates:

> Marianne*: I was coming out of the library one day with a bag of books and there was a lot of young people, mainly in black leathers and motor bikes, beautiful motor bikes, and when one cheeky young man says: "Come on, mother, have a ride!" So I says: "Here's my books," I had a bag of books, I says: "There you are, I'll have a look." I used to have a motor bike when I was young and I went to his bike, of course I couldn't have driven his, it was a monster.* [laughter] *Not like the one I used to drive. And all his friends started to laugh after that. He thought I was going to take his bike and have a ride* (laughter) *and he rushed forward and he says: "I didn't mean it." "Oh", I says "I'm sorry I thought you offered me a ride." I don't think he'll do it again.* [laughter]. *But they do get a bit head strong don't they?*
> (Wolsingham)

Bearing in mind that Marianne is 95 years old this is a wonderful story of how she responded to the attempt by the young biker to make fun of her by ridiculing him in front of his peers.

In summary, I would like to argue that intergenerational connectivities are, for older people, part of the wider discourse on community and social change, and many participants had valuable insights into how social processes operated to influence these connectivities. The discussions about young people revealed, to an extent, contradictory experiences and attitudes by participants which reflect wider social processes and attitudes towards young people in general. These contradictions were between the stereotypical teenager, and groups of teenagers, and the experience of personal relationships with young people, particularly grandchildren. Interestingly having a positive relationship with grandchildren did not necessarily preclude negative stereotyping of teenagers in general. Maureen (Moorside) had experienced harassment from local youths which clearly coloured her attitude towards them, in spite of close relationships with her family. The disconnection between younger and older people is partly based on a lack of communication, as Matthew pointed out, but also related to the very different world young people live in, compared to the world older people grew up in (see Marianne's comments). Bridging this experiential gap can only happen through communicating, thus establishing emotional and mental channels to enable connectivities to thrive based on individual relationships which can overcome social stereotypes.

6.7 From Social Exclusion to Connectivity

In this chapter I have developed a conceptualisation of people's engagement with the world not in terms of exclusion from society, but in terms of connectivities to the immediate and wider world. This is firstly because this conceptualisation takes into account the inter-connectedness and multi-layered aspects of participants' lives in relation to issues of inclusion or exclusion. In addition, I have reappraised the traditional view of environmental gerontologists who have considered old age in terms of the individual's withdrawal (or disconnection) from society. I have reframed this conceptualisation and thus allowed for another way of approaching some older people's apparent withdrawal. Based on evidence from this research I have argued that older people's disconnection from society is due to the alienation people feel from the modern world. In addition many older people may feel that there is literally and metaphorically 'no place' for them in modern society. Secondly, the conceptualisation of exclusion as disconnection is a logical progression from the concept of mental and physical mobility as 'connection with the world' as discussed in Chapters 4 and 5. On the one hand mobilities enable people's connectivities with the world; and on the other hand connectivities are expressed through mobility practices from the local to the global scale (Baerenholdt & Granas 2008). Whereas the emphasis of the previous two chapters was on mobility, in this chapter I have considered local situations and wider social processes and how the ageing individual relates to these, for example individuals' understanding of their citizenship rights, or their relationship to local social spaces. In this way it was possible to take into account structural as well as individual aspects of exclusion (Shucksmith 2003). I have been able to develop a more holistic approach to the connectivities of older people based on participants' comments regarding the 'connectedness' of life. And thirdly, I replaced the concept of social exclusion because, for reasons relating to the participatory nature of this research, I encountered an ethical dilemma. Participatory research is based on participants' own understandings of their world, including their own identity. The discourse of disadvantage and social exclusion can dis-empower individuals because firstly it emphasizes the missing or negative aspects of an individual's life; secondly because it stereotypes the individual as the passive recipient of exclusion from societal or other forces outside of his/ her control (Ratcliffe 1999); and thirdly, because its heritage relating to *poverty* research, exclusion researchers often over-emphasize the material aspects of individuals' lives thus reducing the person's needs to those that can be satisfied through material means (Matthews 2000; Cann 2009; Scharf 2009). Some researchers consider the concept of social exclusion as problematic because it does not explain or address underlying inequalities (Powell *et al* 2001); and because the relationship between the structural inequalities and the individual's or community's experience of its outcomes are insufficiently explained and remedied (Matthews

2000). In addition, it has been criticised for its simplistic and normative assumptions regarding a judgment of who is 'in' and 'out' of society (Ratcliffe 1999). As has been shown some older people described in this project may indeed feel 'out of society', but to apply this statement to whole groups of people (e.g. all older people) would be presumptuous and unethical from a standpoint of participatory ethics. Freire (1972) and Chambers (1993) point out the pitfalls of 'experts' labelling those who are powerless. Spilbury for instance concedes that although individuals may have an awareness of the issues involved, she knows "of no person who would identify himself or herself as socially excluded, indeed many of the people I know have never heard of that term" (2000; 159). As a participatory researcher I would not have wanted to label participants as 'excluded' or marginalised, because this would have been patronising, and because even in extreme circumstances most participants still emphasized the positive aspects of their lives, which is vital for the maintenance of a positive self-image and identity (and the will to live). For this reason the concept of social exclusion, although influential with politicians, was not applied in the context of this research. Instead I have developed the concept of connectivities which firstly enabled me to bridge the gap between social-structural and individual levels of analysis, and secondly has been a useful concept in the analysis of spatial and temporal (i.e. life course) connections between individuals and their environments.

6.8 Summary

In this chapter I began developing the concept of *connectivities* in order to explain older people's relationships with their environments to replace the concept of social exclusion. Traditionally researchers have often framed the discourse around mobility and social exclusion in terms of access to facilities or services which allow 'normal' participation in society (Cass et al 2006). As a result of the analysis of participants' experiences in this study I have argued that there is a fundamental flaw in this type of approach. When Social Science researchers speak of 'access to services' there seems to be an assumption that these social structures which older people need to access are of primary existence, i.e. that they have existed before the individual person, and exist independently from those who need to access them. I would like to point out here that firstly, particularly in the case of older people, the structures (such as social services or the NHS) are relatively new; and secondly that the rationale for the existence of these structures is to *serve* individual members of society. Instead what seems to have occurred in recent times is that these social structures have taken on a rationale and life of their own, which is largely based in economic discourses. The result of this has been that individuals who use these services and even those who manage the services feel disempowered to influence what should be for the benefit of individuals in society. One focus

group session with service providers in this study revealed that managers were well aware of the issues regarding older people's access to services, but that they themselves felt powerless to make any significant improvements. The main obstacles cited for this were financial resources and the lack of inter-agency collaboration and co-ordination.

As I have argued above there is certainly an assumption in 21st Century Britain that *individuals* need to be mobile in order to access facilities and services, rather than having *mobile services*. The centralisation and concentration of services in certain places (such as the specialisation of hospitals) has made them far less accessible for individuals who are less mobile. In designing these services where primary thought ought to have been given to those who will be using them, the general rationale for specialisation has been efficiency and cost effectiveness from the Health Services' perspective. This general trend is part of the background for one of Donald's comments who expressed his opinion that "society makes life uncomfortable for older people". In assigning certain subjectivities to individuals, for instance 'service user', 'client' or 'patient' he or she become objectified and de-humanised, a pawn in the hands of bureaucratic procedures and structures which is how Charles may have felt at the treatment of the housing services. There is also evidence in this research of individuals questioning and resisting this de-humanisation, in particular in attempting to hold to account individuals who make the decisions and who request seemingly senseless information for the 'system' as Stan, Nancy and Matthew's comments (section 6.5) illustrate.

In spite of the initial design of the research which was to investigate mobility and social exclusion among older people I have chosen to reconceptualise older people's relationships with society in term of 'connectivities' because it gives a more open and balanced approach to understanding connections. As a researcher I am aware that I also contribute to the creation of knowledge and the continuation of certain discourses, and the participatory and post-structuralist approach to the analysis has enabled me to critique some of the discourses surrounding ageing, mobility and social exclusion, and the way in which we as a society organise structures, relationships and processes in general and in relation to older people in particular. The participants of this research have contributed immensely in providing varied and valuable insights into these issues which were borne out of reflection and life course experience. I continue to discuss some of these themes in the following chapter where I draw on participants' discussions of the meaning of 'ageing' and 'old age' to develop a critique of environmental gerontologists' approach to studying older people's lives. I argue that the inclusion of a humanistic perspective can enrich ageing theories to allow for a

positive approach to ageing as a time when the individual is able to draw upon a rich variety of lifetime resources in order to live a meaningful and fulfilled life in spite of physical frailty. The emphasis on physical decline and restrictions to mobility in old age loses some of its significance when spiritual and transcendental aspects of an individual's life are taken into consideration.

Chapter 7 Connecting Ageing and Mobility

7.1 Introduction

In this chapter I shall be exploring the links between participants' experience of ageing, 'old age' and mobility. As the analysis in Chapters 4 and 5 showed mobility practices are developed over the life course and are linked to a number of other aspects of a person's life, from individual characteristics and personality to material and structural circumstances. But the analysis also indicated that mobility experiences and practices change over the individual's life course, and in particular in later life. The embodied experience of ageing and that of mobility are closely linked and in this chapter I shall explore the nature of the changing experiences and their inter-relationships. In order to do so I shall firstly analyse participants' comments regarding the process of ageing and the state of 'old age'. The premise here is that individuals age throughout their life course which begs the question what is different about ageing in 'old age'? Does 'old age' actually exist for older people themselves? Some researchers emphasize the relative and context specific nature of the category 'age' and the fluidity of the ageing process (Mowl *et al* 2000). As I shall demonstrate, the data from this research supports these ideas to an extent, but also shows that there seems to be a point in later life from which individuals define themselves as 'old', and this point is closely linked to experiences of mobility in participants' narratives, and specifically a significant loss of independence. The links will be explored in detail in the second part of the chapter.

7.2 Ageing and Old Age

Much of the academic discussions regarding different theoretical frameworks in gerontology are based on the underlying conceptual understandings of *ageing* and *old age,* although this is not always made explicit by researchers. Those interested in life course and developmental studies focus on 'ageing' as a temporal *process,* whereas other frameworks concentrate on 'old age' as a distinctive and definable *state of being* (for instance environmental gerontology, or the political economy approach in gerontology). The life course approach to environmental gerontology combines both approaches. It allows for the investigation of continuity and change in an individual's life in relation to physical, social and structural environments. The individual ageing experience, as well as that of 'old age', is a product of these environmental influences as well as of influences which are embodied in the individual themselves. Participants themselves did not always distinguish between 'ageing' and 'old age' in their narratives except when specifically asked. One of the reasons for this may be that ageing is seen synonymous with old age because in the popular

discourse ageing only happens in 'old age' (and not throughout the life course) which may be related to the general denial of ageing in 21st Century British society.

In this section I will first analyse participants' statements regarding 'old age' and 'being old', and secondly describe some of the processes of change and continuity which accompany the 'ageing' experience and how these relate to the theoretical framework. This will then be the basis for understanding the relationship between the embodied experiences of ageing and mobility in time and space discussed in the second part of this chapter.

7.3 What is Old Age?

Old age is the most unexpected of all the things that happen to a man.
(Leon Trotsky)

Old age is essentially a multi-layered experience which can differ widely between individuals and societies, and across time. But Trotsky's comment relates to a universal fact: As human beings we experience old age only once, and often we have no idea what it will be like until we get there: old age is like a foreign country and it is often hard to describe to those who have not been there. Participants expressed this sentiment in different ways, but one very direct comment was made by Rita when asked: "What is old age?" she replied to me: "When you get to my age you'll understand better, but I don't think you can now" (Gainford). This statement made me aware of my own positionality as it implied that as a then 37 year old researcher I could not possibly begin to comprehend what old age might be like. Griffin argues that we cannot comprehend older people's experiences unless we "make ourselves available to the experience of becoming old" (2005; 316). The difficulty of this appropriation of old age is supported by some participants' comments which point to the fact that as individuals we find it hard to imagine our own old age. This may be due to the lack of thought given to old age ("I never think about getting older". Caroline, St John's Chapel), or to the fact that the experience is far removed from what individuals can imagine in their younger days ("[You] don't realise that when you're younger though, do you? Never dream of it, do you?" Teresa, Barnard Castle). Because as individuals we are unable to repeat the past and thus ensure a better old age it is the more important that within society the younger generation communicates with the older generation in order to learn from them and to help them imagine their own old age. (As I concluded in Chapter 5 those who imagine their old age seem to cope better with mobility challenges and restrictions).

The ageing experience is inextricably linked with the passing of time, and therefore 'old age' is defined by participants in temporal terms: "It's when your days are numbered", and "you've been around for a long time" refer to the long life experiences that people have accumulated over the past years, and to the limited number of years, months or days left in the future. Old age seems to be connected to the development of a consciousness of the passing of time and ultimately death. The following extract illustrates how some participants come to terms with death as a 'natural' process:

> Rita: *Well, it's such a natural thing to happen, you get old and you're going to die. I mean if you look at the flowers, the daffodils come up and then they wither and die, so I think death is the only certainty of life there's nothing you can do about it, it's normal, and wouldn't it be awful if we didn't die, we'd be desperate.*
> (Gainford)

This increased consciousness can also be related to a reflectivity regarding one's own life, a process which helps to 'make sense' and give meaning to life. In the following quote Oliver has reflected extensively upon his life and has concluded that he has lived a good life. He accepts death as a transition into a new life:

> Oliver: *It is inevitable, I accept it and I go to my maker quite happy in the knowledge that I've lived as well as I could live. I have fought my fight and run the race.*
> Friederike: *So you've had a good life?*
> Oliver: *Oh yes. I've done things that lots of men wish they could have done. I've fought through a war. I've met some great people, magnificent people. But it's totally silly, because it's there whether you like it or not. A rose dies and it grows again. That's why I believe in the resurrection.*
> (St John's Chapel)

For Oliver death was not the end of existence, but the beginning of a new life. His spirituality helped him to make sense of his life, and to feel that he still had a purpose or plan for the future. This transcendental awareness helps some individuals to redefine old age as the following quote illustrates:

> Mike: *To me there's no such thing as growing old, I'm growing younger every day and the best is yet to come, so I think the older we get, the nearer we get to a better life.*
> (Stanhope)

Because their faith in an afterlife enabled them to see death as a transition into another temporality and existence these individuals experience old age not as decline but as rejuvenation. Old age is thus not the end of life but another stage in the spiritual development of the individual. Because death is seen as a transition to another life, the passage of time in this life, and thus the ageing process itself, for these individuals become meaningless.

As people grow older and have to confront the finitude of their own existence (in this life) they increasingly concentrate their thoughts on existential questions (Tornstam 1997; 2005; Moody 2005) and grapple with the transcendental possibilities of a continuity of existence. Materialistic considerations pale into insignificance next to such fundamental questions. Based on their religious beliefs for many older people the transition after death into another life is a certainty and a reality which refocuses their attitude towards their own lives and their own ageing.

As gerontologists and researchers we should begin to take into account the radical meaning of this belief: underlying the belief is the existence of a soul-spirit within every human being which transcends the physical existence of the body. How can we claim as researchers to know and interpret the reality and experience of our 'subjects', if we neglect a substantial dimension of this reality? Does this not reflect something of the unease that modern social science feels when it comes to meta-physical realities? Moberg (2005) notes that social science researchers have only recently begun to engage with the spiritual aspects of human existence. In recent years research evidence has accumulated regarding the positive effects of spirituality and religion on health and well-being, as well as on mortality rates (Koenig, McCullogh & Larsen 2001; Kirby, Coleman & Daley 2004; Coleman 2005; Lawler-Row &Elliot 2009). I believe, with other researchers, that it is time to overcome this unease and re-integrate the soul-spirit into the human being (Brown, Murphy & Maloney 1998; Johnson 2009). Social science and gerontology in particular, would as a result become more human when it has to consider the transcendent dimension in every human being (Edmondson and Konratowitz 2009). This is also a basis from which to consider the equality of individuals, rather than the material equality which is the foundation of much current literature surrounding inequalities and emerging policies regarding social exclusion in old age (Scharf 2009). It would also allow for a reframing of the ageing discourse as potential for growth and continuity. Even the discourse around mobility would benefit from the inclusion of transcendental aspects. In the sense that mobility and movement are about *being alive* and intrinsic to being human, so are attitudes of openness (or psychological mobility as discussed in Chapters 4 and 6) related both to positive ageing in terms of coping with and to meaningful living in the face of physical decline. As I argued in Chapters 4 and 5 participants themselves adapt the meaning of mobility in order to maintain a positive identity and meaningful life for themselves. With increasing frailty or disability individuals' understanding of mobility shifts from one based on the physical body to one based on psychological well-being and attitudes to the world.

Seicol (2005) for instance develops a *philosophy of spirituality* which aims to encourage positive ageing in terms of a spiritually based attitudinal process that is available to any person at any time in their life. He argues that positive ageing is more related to "attitudes towards life than it is to capabilities and capacity" (*ibid,* 294). He relates three dimensions of the spiritual self: meaning, purpose and value. *Meaning* derives from past actions and perceptions of the self and is subject to change between individuals and across the life course. *Purpose* is future-oriented and relates to goals, hopes and plans which may be influenced by social expectations. These are also subject to change. The third dimension of the spiritual self Seicol proposes is *value*. Spiritual value is a constant and is based on the "intrinsic quantity of human being-ness" (*ibid,* 296). It does not change with individual perceptions or social expectations or norms. He argues that although ageing is accompanied potentially by a decline in meaning and purpose, spiritual value remains constant and should be used as a basis for re-assessment of available resources in order to create new meaning and purpose in an older person's life. This process of meaning-making allows for a continuity of identity from past-present-future. A social science based on this approach would be able to emphasize the individual's strength and resources in coping for instance with loss of physical mobility associated with ageing thus allowing for a positive old age. Such positive meaning-making processes can be observed in individual's changing understanding of mobility in relation to their own experiences (as discussed in Chapters 4 and 5), but is also evident in the quotes above by Rita and Oliver: both are at peace with themselves, their past, present and future, accepting death as inevitable and natural. Bianchi also found that some individuals did not fear death because they had achieved a "certain integration of life meaning and experience, that is, a deepening of personal spirituality" (2005; 324).

Continuity does not have to be in the form of an afterlife or resurrection but could be a metaphorical continuity, such as a legacy (for instance Matthew's campaigning in the Health Service in order to leave the world a better place). Others acquire a sense of continuity through their children and grandchildren and the transference of wisdom, knowledge and life experiences onto the younger generation. The example in section 6.6 (*Intergenerational Connectivities*) expresses the sadness felt by Clare at being unable to communicate her 'wisdom' to the younger generation because of their lack of openness which leads to Clare's sense of disconnection and discontinuity. Andrew feels that it is important to transmit historical knowledge to the younger generation in spite of their disinterest:

> Andrew: *The other one we missed of course is most important, without the elderly, the young would have no knowledge, because we tell them. They'll say we've already heard it before, but it doesn't matter, we can still remember the war years, you can tell them all the*

> *things that have happened in the past, and the older you are, the more you can do that, that's the legacy.*
> (Gainford)

The search for metaphysical and metaphorical continuity is by no means ubiquitous among older people in this research. Many participants focused in their discussions on the needs and concerns of the 'here and now' and did not consider transcendental questions or the future. There are two main areas around which old age was defined: firstly around *being* old which often referred to other people excluding the speaker. [6]And secondly around *feeling* old which referred to the speaker's own experience. But these categorisations are both context specific and used flexibly. In the quote above for instance Andrew speaks of 'the elderly' as a group. Although he is only 65 years old himself, in this instance he includes himself in this category of 'elderly'. There may be two reasons for this: possibly because he recently became officially a 'pensioner' (as he says); and secondly because he is terminally ill with cancer which has brought him closer to the end of life.

There are several ways in which other people are described as 'old': firstly in the way an individual looks (Olivia: "I'm just disguised as an old woman." Delves Lane); and secondly in the way he or she behaves as the example below illustrates:

> Joanne*: We're finding there's more and more elderly people travelling more and going abroad more on holidays or even in this country going on short break holidays and they're happier to be able to go away like that and it's surprising how older people, elderly people have changed. I mean my grandmother was always old to me. She was always just sat in a chair with a shawl round her and knitting, and she couldn't have been that old when I was little. She couldn't have been that old, but that's my picture of her. …You don't find elderly or older people aren't like that at all, they're much more active now. Much more involved with things. They've got more interests in things now than ever they had.*
> (Delves Lane)

Joanne compares different generations of old people. The fact that her grandmother seemed inactive made her 'old'. Joanne considers the present generation of older people, like herself, as young because of their active lifestyle. These 'third agers' as also described by Laslett (1989) have more interests and hobbies, are more involved and more active for instance in travelling and have therefore not reached the age of dependency which is regarded as the 'real' old age (or 'fourth age' as Laslett terms it.) Being active contributes to the individual being considered 'young' and thus avoiding 'old age'. Nonetheless there are times when individuals *feel* old. This firstly happens when physical limitations are experienced such as Arnold's quote illustrates:

[6] As illustrated by Nancy: "But I don't feel old in myself, as you say, cos I'll say: 'Vera, poor old soul' or 'That old lady' and you have to talk like that, don't you?" (63 years; Consett)

> Arnold: *I feel about 19 [years old], but I had a game of cricket last summer and by the time the game had finished I felt about 119. I used to play a lot of cricket but I would probably think twice about playing again next year. I probably will, but I will have forgotten the pain by then.*
> (Delves Lane)

Although Arnold is generally very fit and active as a leader of county-wide guided walks the cricket game obviously brought him to his limits, and possibly for the first time he experienced his age. Similarly Evelyn recalls an experience which led to a sudden realisation of her own age in relation to her restricted mobility:

> Evelyn: *I don't feel old, but I realise how much I've aged with an incident, I went up a very steep bank in the car with a friend, this was about ten years ago and I think gosh I used to cycle up this bank, but I was only 18 and you don't feel old, but you realise you've got to pace yourself. You pace yourself without realising.*
> (Stanhope)

Interestingly this quote gives an indication of the processes involved in the ageing process: Evelyn doesn't *feel* old, but unconsciously she has been *pacing* herself for many years, adapting to a slower pace of life and some limitations in her mobility. Then a sudden realisation occurs after an incident which makes her become aware of her own old age: Her relationship with the physical environment has changed: whereas she used to cycle up the steep hill, she now needed a lift in a car to get up it.

Other participants mentioned how they had a realisation of feeling old in a social context:

> Anthony*: One of the things that I've found is that, through the years I look into a group of people perhaps where we are now, and you suddenly realise you're the oldest and when this first started happening to me I didn't like it at all, but it just seems to happen. You realise that you're the oldest.*
> Friederike*: Does that make you feel old? Or what does it do to you?*
> Anthony*: It makes me feel unhappy, I think it's the realisation and it's not a realisation that you like, in your inner self you don't like that thought.*
> Nancy*: There's a 90 year old and he says the older you are the more invisible you become.*
> Anthony*: I've heard that one before*
> Stan*: The big problem with old age is the attitude of the younger people towards people of old age because some people have an awful attitude towards them.*
> (Consett)

In this extract participants discuss two ways in which the social context contributes to a person *feeling* old: firstly as mentioned above the realisation that one is the oldest in a group of people; secondly Stan's comment regarding other people's attitudes toward older people, and one example of this is Nancy's comment regarding the invisibility of older people in society. Because an individual's identity is partially dependent on social context these examples contribute to the older person's own perception of themselves as 'old'. Anthony's comment indicates that he is unhappy about his own ageing body, but that his self is separate from this, possibly maintaining its youth.

Whereas some other participants would consider ‘old age’ as a developmental stage and a state of being which seeks to unite these apparent contradictions (a declining body, but a wizened self and rejuvenating soul) (see also: Fischer, Norberg and Lundman 2008), Anthony solely concentrates on the negative aspects of old age: “I can’t think of anything good about [old age], I can’t think of anything at all”. There has been some discussion among researchers regarding the split in self-image and identity in old age (Featherstone and Hepworth 1989; Biggs 1997). The contradictions are based on the body image and embodied experience of ageing on the one hand and the continuity of the self on the other hand which older people experience. I would argue that as social scientist and gerontologists we are partially responsible for perpetuating this contradiction by emphasizing the physical and material aspects of ageing and decline. Going back to Seicol’s (2005) *philosophy of spirituality* more emphasis of the intrinsic value of each human being, rather than social expectations and self perceptions based on *meaning* and *purpose*, would help to overcome the ageing and decline model. In addition this approach which helps the older person to maintain a purpose in life and thus a positive outlook on the future, would add a dimension to life course approaches. Life course studies are predominantly concerned with the ageing individual’s past and present. It does not necessarily envisage a positive future for the older person. I would argue that the personal, social and other resources which an older person has accumulated over the life course can be used in the re-assessment of the ageing individual’s future and thus provide continuity and ego-integrity for the ageing self even when physical mobility declines. Bianchi (2005) argues that it is possible to move beyond ageist stereotypes by tapping into skills and resources developed over a life time. Her research participants felt that it was important to develop resiliency which is the ability to “learn from setbacks and face the future with hope” (*ibid*; 324). This could be facilitated through the opening up of and engagement with ‘contemplative spaces’ throughout life. Engaging in contemplation is a process of ‘making meaning’ and thus supports the maintenance of a positive identity throughout the life course, and the development of a purpose in later life. Bianchi (2005) considers this part of the *inner* and *outward empowerment* of the ageing individual. Much of post-structuralist participation research considers empowerment in the context of social inequality and social injustice and seeks to encourage individuals and groups to make changes in relation to social structures and processes. In contrast, Bianchi’s (*ibid*) understanding of *inner empowerment* is derived from the individual ageing person moving apart from ageist structures to become independently creative in their own ‘empowerment’ which includes the cultivation of self-esteem, the harvesting of memories, life-long learning, humour and gratitude, and encountering their own mortality. *Outward empowerment* becomes the expression of the wisdom and spirituality developed

in this way: older people can develop a new purpose, welcome new possibilities, cultivate friends and family, form intentional communities, or take on social causes.

Bianchi's empowerment model is in some ways an idealised version of positive ageing, and although these processes might be developed, the opportunities, places and spaces in society where older people can be free to do so are very limited. In this research project I found that in some areas such provisions for empowerment or contemplative spaces have been made through church or faith organisations or community centres. Other participants were hampered in their inner and outward empowerment by lack of actual places to meet, by restrictions in their own mobility and lack of support and by the disconnection and segregation from society at large (as discussed in Chapter 6) which does not allow some older people to translate their wisdoms into action.

7.4 Ageing, continuity and change

Atchley (1989) developed continuity theory because he believed that it explains the normal ageing experiences of many people which are positive and a 'gentle slope' rather than decline. In his view individuals maintain consistency over time with regards to social relationships, activities, patterns of thinking and living arrangements which is linked to the maintenance of a continuous self-image, self-esteem and identity. This consistency can be observed in spite of physical and mental challenges related to ageing. Personal development and learning continue in order to adapt to these challenges. Atchley argues that

> *one reason aging individuals may place greater focus on spiritual development is that it is a functional area in which continuity and growth are possible in the face of substantial negative change in physical and mental functioning. For example, research on cognitive functioning shows that age decrements are confined mainly to psychobiological functions and are much less likely to occur in "higher" mental processes such as integration. This is why a greater proportion of elders have been found to exhibit the quality we call* wisdom *compared to young or middle-aged adults.*
> (Atchley 1999; Preface)

In their 'life course approach to environmental gerontology' Rowles and Watkins (2003) stress the development of 'place making' skills over the life course which benefit an older person when faced with having to move into retirement or supported accommodation. Whereas Atchley's approach is based on the development of the individual's psychological adaptive processes, Rowles and Watkins emphasise the interaction between individual and the environment across the life course. The two theories complement each other in explaining the experience of continuity and change among older people within their social and physical or built environment: the 'place-making skill'

which is learnt and practiced over the life course can be considered a skill to enhance continuity and internal consistency. In the context of this research I would like to argue that where individuals have not been able to acquire or maintain resources, skills and knowledge across the life course which enhance and enable continuity of identity and meaning- making, they will have greater difficulty in coping with the challenges of old age. Some of these resources have already been discussed in previous chapters in relation to mobility and connectivity, for instance supportive social relationships, a 'mobile' mind (i.e. open-mindedness), humour, spirituality, and positive connectivities with the community, the physical environment and social structures. But there is also evidence from this research of disconnections and discontinuity. Fisher *et al* (2008) found in their research with older people that ageing is a time where individuals have to embrace many opposites: weakness and strength, reconciliation and regret, connectedness and loneliness, and slowness and swiftness of time. Ageing is thus an experience of "being changed and feeling the same" (*ibid*, 259). In the following sections I will discuss the individual and the relational aspects of participants' ageing experiences in terms of continuity and change and critically assess the limitations of these adaptive and life course strategies when faced with the multiple challenges of old age in 21st Century Britain.

7.4.1 Individual Aspects of the ageing experience

There are two distinct aspects of an individual's *embodied* ageing experience: healthy ageing, and ill-health and ageing. This distinction is not often made in the general ageing discourse as ageing has become increasingly medicalised. Most participants in this research made the distinction in reference to their own ageing experience. The following quote illustrates what participants understand to be the 'normal' or healthy ageing process:

> Anthony: *I think that as you live through your life, you're able to do everything you want to do, you do it yourself, travel wherever you want to. Travel's not a problem, never was a problem to me and then at some point, I don't know, perhaps 60 thereabouts you start weakening and things become a problem. It's no longer easy to sit on a bus for 7 or 8 hours, it's no longer easy to dash about the place and get yourself out of the house,… it all takes a lot more doing and that I think of the ageing process more than anything else, it's restrictive, it's the slowing down.*
> (Consett)

Anthony's description is not untypical, and even the cut-off point around age 60 was mentioned by other participants. The 'slowing down' is the result of physical changes which were mentioned by participants, such as loss of balance, diminished physical strength and endurance, and an inability to run. These changes are well documented by researchers on physical mobility, but participants were also aware that the extent and onset of the embodied ageing process are dependent on physical activity across the life course. Those who exercised regularly maintained a greater degree of fitness

for longer, but at the same time participants were aware that a life of hard labour could age an individual prematurely. Most individuals in their 60s and 70s are able to adapt to these embodied experiences of ageing as Anthony's comment in Chapter 4 illustrates. He emphasises that he is able to cope with his restrictions regarding stairs, and he avoids for instance climbing ladders because of a lack of strength and balance. For the most part individuals are able to make these adaptations, although they may be inconvenient or frustrating because there is a certain loss of independence associated with these, as well as an increased cost in monetary terms as the following illustrates:

> Jenny*: DIY and now you've got to pay somebody to do it, you know, when you could do it yourself at one time and you can no longer do it. We've spent a fortune over the last year getting the garden, the heavy work, sorted out. We had a kitchen fitted and whatnot, but the tiling, Ian would have done that himself, but we had to pay for everybody to do everything. So that's a big problem. And when you hear the price …and you either pay up or do without. At one time you thought nothing of it.*
> (Consett)

Among some participants, the increased physical frailty led to a feeling of vulnerability in certain situations.

Wear and tear on certain body parts, particularly joints, seemed to be considered by participants an aspect of the 'normal' ageing process. Hip or knee replacements are now so commonplace that individuals speak about them without reservations:

> Marianne: *I can't walk so much now. I need a new hip and a new knee, but I am 95 years old.*
>
> (Wolsingham)

Marianne's comment includes a reference to her own advanced age, which infers that at 95 years one should not be surprised to be needing a new hip or knee, but may also refer to the fact that an operation at her age may be very risky. Particularly individuals of advanced old age (over 80 years old) tended to speak very openly about their age and the embodied experience. Whereas the younger old still tended to hide or ignore their limitations, the older old were prepared to admit to them, as they could no longer ignore them, having had to confront their own age and its limitations. Like Matthew many people in their 80s and 90 show a certain pride in their own age:

> Matthew*: I'm not old, I'm ancient. That's what I tell people when they say: "How old are you?" I say: "I'm not old, I'm ancient." I get on with it and that's it. You've got to, you haven't got a choice.*
> (Consett)

On an individual level Matthew and many other participants had accepted the ageing process as inevitable- they just get on with it. Resistance on this level is considered futile and a waste of energy. But on a societal level Matthew was still very much resisting the typical image of the ageing person as resigned and accepting: he spent much time critically reflecting on social attitudes towards older people, and he took pride in his role as 'muck stirrer' or social activist (see Chapter 6).

The distinction between healthy ageing as described above and ill-health which comes with ageing is somewhat blurred. Higher cholesterol levels and high blood pressure are now so common among the general population that they are almost considered part of normal ageing. Although individuals are aware that many of these conditions are long-term and lifestyle related, like Olivia below, many prefer the easy option of taking a pill or are not sufficiently informed by their GP to make alternative choices:

> Friederike*: What other changes do you find in yourself [as you get older]?*
> Olivia*: Your eyesight goes, the arthritis comes up and mugs you.*
> Joan*: Then once they've got you at the medical centre; … you don't like to go there.*
> Olivia*: "We're just going to test you for…". "No you're not". Mind, I have a very agreeable GP when my - oh God, what's the bad fat- cholesterol was too high, he says "I'll give you tablets, it's easier than reading all those labels in the supermarkets" he said. So to hell with healthy living, give us a tablet.*
> (Delves Lane)

These conditions, like arthritis, are now so common among older people that they are generally accepted as ailments of age. Arthritis in particular affects the general well-being of an individual because of the pain, and his or her mobility because of the stiffening of the joints. In fact some participants considered arthritis so much part of the normal ageing process that when initially queried (in the questionnaire) they said that they did *not* have any medical or other condition which limited their mobility. It was only in subsequent discussion that these participants admitted to suffering great pain and restrictions in their mobility (for instance in Chapter 5: Rachel and Emma; Moorside).

In spite of the 'normalisation' of certain medical conditions among older people, participants were very aware that ill-health, impairments and disabilities significantly affected their quality of life as they got older. The importance of good health for influencing the ageing process was stressed by many participants:

> Christine*: I need to go to the doctors every two months now and I think back to when my parents were my age. Well, ..my father, he wasn't worried about his cholesterol, he wasn't worried about his blood pressure, you know, we are going to an age now where there's big*

focus on being healthy and eating the right things and being on diets, but I'm on a diet now, a low GI one, but if it keeps you healthy.
(Middleton-in-Teesdale)

As these comments illustrate Christine is aware of the medicalisation of the ageing process in geriatric medicine (Katz 1996), but is happy to go along with the advice and changes in her diet because it may maintain better health. For those who have lost their health, there are generally few options available. George would like to continue to make a contribution to the work on the family farm, but is now prevented due to ill-health.

George: *I'm a semi-retired farmer, I still do what I can, but unfortunately my health has just let me down lately, so I'm going to have to go for a bypass. I'm on 13 pills a day.*
(Woodland)

Where individuals' health or impairments prevent them from going out or engaging with activities they enjoy, symptoms of depression can follow, as was the case with Agnes (Chapter 4), Jane (Chapter 5) and Thomas (Chapter 4). George's wife Madge also experienced this depression when she could no longer attend the gym:

Madge*: Well, we used to take exercise after I had my operation and I really enjoyed going to [the gym], getting on the rowing machine and the treadmill and various things and since we stopped going there I just feel as though for a bit, I didn't say anything to George, I just felt 'Oh my goodness, there's nothing left'. I really enjoyed going. But I just couldn't do it anymore.*
(Woodland)

Madge seems to have overcome this period of depression brought on by the loss of an enjoyable activity due to ill-health and ageing processes (a general lack of energy). Researchers have documented the benefits of exercise on older people's physical well-being and health (Protas and Tissier 2009; Marsh et al 2009), but few have explored the psychological benefits of physical exercise for older people. Madge is still able to attend the weekly lunch club in the village with her husband which she enjoys and other social activities which are linked to their church. These other activities have helped her to overcome the 'there's nothing left' feeling as they have re-focused her attention to those areas where she can still make a contribution. Ageing is often accompanied by a series of smaller and bigger losses for the individual and many individuals have developed coping mechanisms for dealing with loss across the life course. Acknowledging loss and the accompanying grief are part of this coping process which often follow after an initial denial that it ever happened (Bowlby 1980). Robert is described as fiercely independent by his wife and daughter as somebody who also used to help other people. Recently he has lost his driving licence due to the medication he is taking and he feels very bitter about this. His wife Sue comments:

Sue*: He just cannot come to terms with his age*
Robert*: when you were able to hand out this, that and the other.*

Judith*: People used to ask him for these sort of things, you know, to help them out, and now he feels…*
Robert*: But I've never been as old as this before.*
(Judith: their daughter; Middleton-in-Teesdale)

It seems that Robert was able to lead a fairly unrestricted life before he was diagnosed with this medical condition which necessitated the loss of his driving license. To an extent he had been able to ignore the ageing process. Now suddenly and unexpectedly he is confronted with his age and needs to 'come to terms with' restrictive health conditions which can accompany old age. His remark that he has never been as old as this before indicates that he is still learning how to cope with the ageing process and old age. It seems as though Robert may not have had the opportunity to develop many coping skills during his life time as he had a very privileged life. He may not have had to deal with personal loss and hardship before. He also suggests that women may be better at adapting to the ageing process because of their positive attitudes: "…there's always a way, isn't there…?" (Sue; Middleton-in-Teesdale).

Adapting positively to the physical ageing process also requires certain personality characteristics. Jerram and Coleman (1999) for instance found that older people's positive perception of their own health is linked to personality traits such as 'openness to experience' and 'agreeableness'. Although some of these traits may be inherent, participants also describe changes in certain aspects of their personality which support positive coping processes. Matthew's earlier comments indicate an attitude of acceptance of those aspects of life which he cannot change which is developed by some participants as they get older; other participants reported becoming more laid-back about conforming to social norms, such as the following comments indicate:

Nancy*: I'm more cheeky than I was. As the years go by you get wise, that's all I would say….And enjoy life.*
Matthew: *There's another thing: you can do what you like and say: "What the hell can they do with me".*
Nancy*: I think that's maybe why you're getting more cheeky. But I mean years ago if the vicar came to the house, he was like a bit a bully in that sort of line,… it wouldn't bother me in the least now. I would have a bit of an argument with people, the vicar, the teacher. [In the past I would have been] a bit more apprehensive about these people but I wouldn't be now.*
(Consett)

In this conversation several changes are discussed which occurred with the ageing process: wisdom and life experience are accompanied by greater self knowledge, and a re-ordering of priorities. Nancy's priority is to enjoy every day. Although Nancy and her husband Stan continue to be interested in local and world affairs (see Chapter 6) at the same time they have become independent from social norms and thus acquired a certain amount of freedom to just be themselves, set their

own goals and follow them. This has been reported by other gerontological researchers [Tornstam 2005; Fisher, Norberg & Lundman 2008]. As in Nancy's and Matthew's case some older people also become more critical of society at large and figures of authority in particular, possibly because of their own longer life experience and associated wisdom. To an extent the very fact that older people in 21st century Western society are 'invisible' means that they are given the freedom to act outside of the social norms, as one participant commented: "you get away with murder" (Andrew, Gainford). Not all older people wish to take advantage of this freedom, but there were a number of 'eccentric' participants and stories of 'eccentric' older people who took advantage of the invisibility of older people in society in this way. Individuals with this type of attitude typically continued to be actively engaged with the world around them, often quietly or noisily defying conventions and stereotypes as there are several examples in this research. But there are also those individuals who have become dis-connected from society and have withdrawn because of a feeling of alienation towards the modern world as was discussed in Chapter 6. Due to a combination of factors relating to personality and circumstance some older people have come to feel "out of society" (Donald; Copley).

I argued earlier that resources that help individuals as they age are developed over the life course. These personal resources which psychologists consider as helpful coping mechanisms include a high degree of self-efficacy, a strong locus of control, optimism and a sense of coherence. 'Coming to terms' with the ageing process and its challenges is closely linked to maintaining a sense of coherence and to extract meaning from the events which fit in with the individual's own life and philosophy. There is evidence in this research that where individuals had recently been confronted by major events they were struggling to make sense of the event, to integrate them into their life stories. One such example is Robert (section 4.3.4) who had to give up driving recently; another example is the interview with Charles and Beth whose narratives regarding his recent diagnosis of dementia are full of contradictions (Chapter 6). As mentioned before in Charles's case there seemed to be a lack of control over the processes involved in the diagnosis and treatment of dementia which makes it more difficult to establish a sense of coherence and continuity for the couple (in addition to the loss of identity and self associated with dementia). Both Robert and Charles are fortunate in having other resources for coping upon which they can draw: a strong and supportive family and community. In contrast, Jane who has lost her eye sight, although a strong and resilient person, lacks this social support network, and as a result suffers from isolation and depression. It is important to note that these social and family support networks would have grown and been developed over a life time, and that there are certain personal skills involved in maintaining them,

in addition to external circumstances which may be beyond the influence of the individual older person (such as children moving away because of work commitments; financial circumstances; statutory support which enables mobility and social interaction). Both physical and psychological mobility are essential for supporting social and family networks, as discussed in Chapters 5 and 6, an idea which is supported by other mobilities research (Urry 2000). These links will be explored below in relation to ageing.

In summary, it is important to recognize, as participants did, that ageing in itself is not the problem: it's "having your health" (Donna; Wolsingham) (see also Coote 2009). Participants identified many positive aspects of ageing, from developing personal wisdom, to receiving kindnesses from other people. Ageing is part of the human condition, and is best accepted, although many women (and some men) disliked the physical changes associated with ageing. Changes in personality and resources such as *meaning-making skills* developed over the life course mediate the experience of changes brought on by the physical ageing process and vice versa.

7.4.2 Ageing and continuity of the self

In spite of the many changes brought on by ageing participants emphasised the continuity of the self and their identity, which is supported by Atchley's continuity theory. Here I want to briefly explore participants' comments regarding this continuity, and their significance in relation to mobility and the ageing process. Evelyn's comments in section 7.3 of how she only realized that she had aged after encountering a steep hill which she used to cycle up as a young woman, are typical of how participants expressed this continuity:

> Madeleine*: You feel the same inside. Your mind wants to do the same sort of things but your body can't do what it used to.*
> George*: My mind's still 21, you still feel the same inside,[you] still have the same ideas.*
> (Woodland)

The continuity is thus based upon certain inner aspects of the individuals (see also Seicol's idea of 'spiritual value' as discussed above): the mind participants refer to in this context is based on a continuity of *ideas* and the *will* which is separate from the aspects of the mind which are related to *memory.* The latter can also be affected by the ageing process as the following exchange demonstrates:

> Cornelia: *My mind is going, yes. Well, I can talk to people that I've known for years and years and then if I have to introduce them, I forget the names.*
> Nellie*: We all do, I think*
> Cornelia*: I can do rather stupid things at home. I once tried to put a shovel full of coal in the refrigerator. I just stopped myself.*
> Rose*: Because you lost concentration.*

Cornelia*: Well, obviously yes, your concentration does go.*
(Gainford)

Certain aspects of memory are affected by ageing, as is well documented by research on cognitive decline in old age (Baltes 1996). This can be an embarrassment in social situations, but it can also be quite a frightening experience where the *loss of concentration* borders on a loss of self which is the case in dementia as discussed in Chapter 5. In their narratives participants locate the self in two places within themselves: firstly the mind, or more broadly the head, and secondly the *inside*, which is a slightly vaguer notion of where this self may be located, but indicates that it may be beyond the head or mind. Both understandings are used in the quote below:

Betty: *When I was 80 I couldn't believe I was 80 and also I was ill as well at that time, but I didn't feel old in the head, no.*
Betty: *I'm just hoping my body holds out.*
Connie: *We're still young inside.*
(Stanhope)

Betty expresses her surprise at being 80 years old, as though this age had nothing to do with herself. She does not define herself through her age because she still feels young in her head. It could argued that the self is in fact *age-less,* that the relationship between chronological age and the age of the internal self is non-linear, and often dependent on social and other situations (as mentioned above) which make the individual *feel* their age. Interesting in the above quote is the underlying understanding of the duality of body and mind (or self). This duality has been part of the Western discourse for centuries and is generally traced back to Descartes. Although I have argued in previous chapters (4 & 5) that participants have a holistic understanding of the interactions between mental and physical mobility, these interactions are nonetheless based upon the separateness of body and mind. Although participants' narratives emphasise the close links and dependencies between mind and body, the above quote illustrates that the ageing experience at the same time accentuates the separation of the two. As was discussed in Chapter 4 to an extent the body becomes an alien being, because the self loses control over its physical basis. The quote above also gives a hint of the predominantly mechanistic understanding of the body which is part of particularly the Western medical discourse: in this discourse the body is treated like a machine whose spare parts can be exchanged (see the discussion on hip and knee replacements) and whose processes can be influenced through chemical interventions (i.e. pills). This mechanisation of the body may indeed lead to an alienation between the body and the self which again results in the individual's loss of control over the body as "expert" doctors and professionals determine diagnosis and treatment of the ageing body (see Olivia's quote in section 7.4.1). This discourse has lead to the conceptual separation of the body as an observational and *ageing object* and the experience of

ageing (Gugutzer 2008). This distinction is apparent in participants' narratives and their at times seemingly contradictory and dis-jointed relationship between self, body and embodied experience. In this context I believe that modern Western discourses surrounding the separation of body and mind do not allow for an adequate and coherent understanding of the embodied experience of ageing (Faircloth 2003). As I have argued in Chapter 4 in relation to mobility participants themselves are aware of the complex inter-relationships between the ageing body, the mind and the self, but are unable to adequately conceptualise this inter-dependency because of the Cartesian duality of the two. This duality has lead to an impoverishment of the conceptual understanding and linguistic expression (certainly in the English language) where the concept of "mind" encompasses everything other than the body (such as self, memory, will, ideas).

In summary, there are many theories in psychological studies of ageing, some emphasising continuity of identity (McLean 2008; Allemand, Zimprich & Hertzog 2007; Nimrod and Kleiber 2007), others concentrating on processes of personality development and change (Baltes 2000; Tornstam 2005). As I have attempted to show in this section personal development and change actually support the maintenance of continuity and coherence of the self in the ageing person as he or she has to adapt and cope with the multilayered challenges of the ageing process. The life course approach to environmental gerontology has enabled the inclusion of a broader perspective of the relationship between the individual and his or her environment across the life course. This perspective will be further elaborated in the following section which discusses the connections between ageing and mobility in more detail.

7.5 Connecting ageing and mobility

Both ageing and mobility are carried out in time and space which means that the individual experiences ageing and mobility within a multi-dimensional environment. In order to make some of the connections between the ageing process and mental and physical mobilities explicit I have here summarized the interactions as they have emerged from previous chapters and structured the various aspects of the interactions according to the environmental contexts, although as I shall conclude they do overlap. One could also classify them in terms of layers and scales, from the individual, to the discursive, as both structure and agency have become apparent in shaping an individual's ageing and mobility experiences.

7.5.1 The physical and built environments

The embodied experience of ageing and movement within and across spaces changes as people get older (Gubrium & Holstein 2003). In Chapters 4 and 5 I discussed some of the physical barriers to mobility which older people face as the body becomes frailer and weaker. It is these changes in the relationship with the environment which can make people become aware of their own ageing process as discussed above (this chapter). The embodied experience of the changing mobility raises the older individual's awareness of movement as something that takes a conscious effort at times, something that can no longer be taken for granted. This raises the consciousness of a body over which the individual may no longer have control. This in turn affects the interaction with spaces as the ageing or impaired individual has to make allowances for their own 'slowness', for discomfort and pain; he or she may avoid certain places because they become less accessible; or avoid places and situations which further accentuate the impairment or disability; develop coping strategies for dealing with obstacles; put in place mechanisms which support one's own mobility. As was mentioned in Chapter 3 movement is associated by many participants with being alive as it is a very basic human need. In that respect physical mobility assists the individual in defying 'old age' and remaining young. On the other hand, as was discussed in Chapter 6, significant changes in the built environment can contribute to the dis-connection of the ageing individual from society as places lose their familiarity and sometimes become outright alien and hostile to the needs of the older or disabled person.

7.5.2 Discursive and social-structural environments

Old age is now closely associated with a significant lack of mobility which leads to a gradual loss of independence. As mentioned in Chapter 3 the concepts of mobility and independence are closely linked in 21st Century British society, as are the concepts of ageing and independence. I have critiqued the discourse surrounding independence, arguing that the emphasis on independence is largely motivated by economical considerations. But there is evidence from this research that the loss of independent mobility (in the sense of autonomy) signifies 'old age' for the individual. The vilification of 'dependence' in politics and the media is linked to the discourses around older people as 'burdens' to society which is also evident in some of the attitudes displayed by statutory agencies and health services towards older people (i.e. institutional ageism). There is also a link here with the alienation or dis-connection of some older people from society which was discussed in Chapter 6. Ageist attitudes contribute to an older person's loss of confidence and withdrawal from engagement with the world (i.e. loss of mobility). In contrast the discourses around 'active ageing' are shaping the experiences of the current generation of 'third agers'. Participants

recognized this new generation of older people who do not consider themselves as ‘old’ as long as they are physically, mentally or socially active. This means that staying active has become an imperative way of avoiding ‘old age’.

7.5.3 The social and cultural environments

Social interaction and stimulation through engagement with cultural and social events were some of the main motivators for keeping the ageing individual mentally and physically mobile. Connectivities (i.e. patterns and processes of interaction) with people and the world as established over time (i.e. across the life course) are expressed through mobility practices. As was discussed in Chapter 5 motivation to keep mobile becomes essential as barriers to mobility increase with age. Social interaction is also important in maintaining continuity of self and a sense of identity, as well as for providing informal support structures for maintaining mobility and for providing coping mechanisms for declining mobility such as comparing one’s own disability positively with that of others (See Ken and Barbara in section 5.4.1). In contrast Agnes’s example (Chapter 6) showed that her declining physical mobility in the context of previous life course experiences and her independent personality had lead to her social isolation as she could not cope with others’ sympathy and pity.

7.5.4 The individual

A cross-cutting theme of the interaction between mobility and ageing in different environments is the individual’s personality and how this can change with ageing. There are examples in this study where changes in mental mobility preceded changes in physical mobility, because as the individual ages outlook and priorities also change which have consequences for mobility practices (see Oliver; St John’s Chapel and Agnes; Lanchester). Other examples show how the embodied experience of ageing preceded changes in mental attitudes and connectivities. These changes in attitude and mental and physical mobility always seem to be relative (i.e. filtered through the individual’s character and personality) which is illustrated by mobility becoming a relative concept as people age. Those who described themselves as outgoing will maintain their connectivities with the world in spite of increasing barriers. Only the nature and quality of these connectivities may change from for instance embodied engagement with the world to a more passive engagement with the world (See George, Woodland, section 7.4.1).

7.6 Summary

There are two fundamental conclusions which have arisen from this thesis (see also Chapter 8). The first one relates to the ageing process: ageing is essentially a process of the accumulation of life experience across time; this process is carried out within an environmental framework (i.e. space), in this study this includes social-cultural, structural, physical and built aspects of the environment. As mentioned in this chapter, the ageing process, although highly variable between individuals, is at the same time inextricably linked with dominant societal discourses on ageing which to an extent predetermine the conceptual and linguistic framework within which individuals can make sense of their experience. (Although there is evidence of alternative discourses being employed by participants that originate in a different paradigm).

And secondly, like ageing, movement (and mobility) is fundamental to human experience and is carried out within many spaces and within and across time. What I have argued in Chapter 4 is that the discursive concepts of mobility and ageing are closely linked to those of disability. But the data also shows the relative understanding of mobility which participants develop as their capabilities change. The concept of mobility is thus closely related to the embodied experience of ageing and the changes associated with this. As the ageing individual is experiencing these changes within his or her environments and cannot easily function outside of them I have here developed the concept of connectivities. The concept describes the quality of the relationships between the ageing individual and his or her environments without making a value judgement as to the essential nature of the relationship as other theories often do. As I have argued in Chapter 6 mental and physical mobilities enable individual connectivities and are at the same time an expression of these same connectivities developed over the life course. But these connectivities are also constantly changing and being developed according to the changing relationship of the ageing individual with his or her environment. Continuity and change are constant companions of human existence, and the life course approach has enabled me to make an analysis of some of the processes involved. But I have also found that many gerontologists continue to concentrate their efforts of analysis on either the past or the present of an older person's life without taking into consideration the significance of continuity into the future and even beyond death. As the individual nears the end of his or her life metaphysical, spiritual or religious beliefs are often important aspects of an older person's conscious engagement with the world and beyond and shape the way in which the individual connects with the world and extract meaning from the ageing process. As I have argued above the life course approach which aims to study the individual across time needs to be expanded to include past, present AND FUTURE. Where older people's concerns are currently marginalised the

inclusion of the future into the study of older people's lives would be truly empowering as it gives the ageing individual a place in reflecting upon and deciding the future of society and thus maintain engagement with the world on many levels.

Chapter 8: Conclusion

8.1 Summary of research findings

In this section I would like to summarize the findings discussed in this thesis and review to what extent these have addressed the research questions set out in Section 2.6.

This study aimed to elucidate issues and challenges around older people's everyday mobility experiences in their personal, physical, social and structural environments. It aimed to relate personal and social-structural factors which influence mobility to the experience of ageing in 21st Century British society. Because older people tend to regard their lives in a holistic manner I have argued that the participatory methods and the conceptual *life course approach to environmental gerontology* have lead to a broader understanding and analysis of the concept of mobility and the barriers and challenges to mobility for the ageing individual. The findings discussed in Chapters 4 and 5 arose out of the participatory research approach which gave older people the opportunity to identify the areas of interest for them during the diagramming and focus group discussions. Chapter 4 in particular addresses research question I (see Section 2.6), identifying key issues relating to mobility. These key issues were analysed in terms of older people's relative understanding of mobility in connection to age, the life course and individual circumstances. I concluded that participants essentially understand mobilities as a *means for* and an *expression of* their physical, emotional, social and spiritual engagement with the world. Mobility practices are an enactment of these connectivities which are related to maintenance of the integrity of the self (see also Section 7.4 on *Continuity and Change* in later life). In later life these taken-for-granted mobility practices become more difficult to perform and the physical, social and structural environments become increasingly disabling (Section 7.5 summarises the environmental aspects of *Ageing and Mobility*). Research question II regarding determinants of mobility on a physical, psychological and structural level was addressed in terms of challenges to mobility in Chapter 5. Participants' broad-ranging comments have enabled to give a comprehensive analysis of the many challenges to older people's

mobility. I have also been able to relate some of the individual and structural barriers in terms of perceptions, capabilities and attitudes on the one hand and available facilities and service provision on the other. Research question IV regarding the resources older people identified in overcoming challenges to and supporting mobility was addressed in Section 5.6. Because of the *embodied* experience of ageing participants emphasized the relational and relative aspects of mobility, and this was shown to be part of the coping mechanisms older people employ as their mobility changes with ageing. As physical mobility declines participants emphasize their remaining capabilities, that is, the psychological aspects of their mobility. These changing meanings of mobilities across the life-course and in later life have thus far not been investigated by mobilities researchers, in particular in relation to the embodied experience of ageing. I also demonstrated that the relationship between psychological and physical aspects of mobility is reciprocal and cyclical, and that life course experiences have an influence on challenges to mobility in later life and in particular on the resources individuals are able to employ in order to overcome these challenges. Although physical mobility is closely linked to independence I discussed in Chapter 4 the importance of inter-dependent relationships for older people's psychological and physical mobility. In particular I acknowledged the significant contribution family, neighbours and friends make to support participants' mobilities. I described some cases where the individual's resources or family support were no longer sufficient to maintain the older person's mobilities and engagement with the world, resulting in isolation and depression. Supporting structures and processes often lack the understanding, flexibility and co-ordination required to address the complex needs of these individuals. Structural and societal processes are thus disabling some older individuals from actively engaging with the world.

Movement is carried out across time and space. The *life course approach to environmental gerontology* has enabled me to consider and analyse the temporal and spatial aspects of older people's mobilities as related to the past and present. In Chapter 7 I argued that in addition life course researchers need to include the *future* in their understanding of individuals' lives. I have discussed approaches from developmental psychology as developed by Tornstam (2005) and others (Wadensten and Carlson 2003; Wink and Dillon 2002; Coleman 2005; Levenson *et al* 2005; Dalby 2006), and humanistic gerontology (Manheimer 2009; Johnson 2009; Moody 2005) in order to expand the theoretical framework to include the transcendental aspects of human existence in my analysis. I argued that the inclusion of *spiritual value* can aid gerontologists in the development of positive ageing strategies which empowers older people and professionals working with them to

recognize the many skills, talents and resources older individuals have, rather than emphasizing the many losses they have encountered through the ageing process.

I have also emphasized that meaning-making is a skill for coping with old age which has to be developed over the life course. As a society we should enable this contemplative and reflective engagement with our lives and the world around us even in 'middle age' as it prepares individuals for their own ageing.

Research question III related mobility to social exclusion in terms of accessibility and opportunities for social interaction across the life course. I argued in Chapter 6 that mobility as engagement with the world conceptualised through *connectivities* has enabled me to understand the underlying relationships between the individual and social structures and processes which can lead to dis-connection or exclusion. I have been able to trace these processes across some participants' life course, although further longitudinal research would be beneficial to strengthen the argument here. I found for instance that access to services and individual perceptions are closely linked not only to geographical distance but also to institutional practices which lack consideration for the complex lives and needs of the individual older person. In addition, in conceptualising the relationships between older people and institutions as *connectivities* I was able to trace patterns of individuals' connectivity across different spheres and across the life course.

Connectivity is very broadly understood to encompass emotional, social, spiritual, mental and physical connections which are continually developed as part of the dynamic interplay between the individual and his or her environment across the life course. Where the concept of 'social exclusion' is related to that of poverty and material concerns, I have chosen to describe older people's relationship with society and the world in terms of connectivities, as this entails a broader understanding of the complex web of connections an individual's existence is related to throughout his or her life. This is also relevant in relation to research question V which addresses the relationship between mobility (as engagement with the world) and theories of ageing: as some of the evidence discussed in Chapter 7 shows, ageing is often accompanied by individuals gaining a certain amount of freedom from social norms. This is not necessarily the outcome of a disconnection (or exclusion) from society. Many participants were more active in their retirement than they had been prior to it, from involvement in voluntary work, hobbies, social groups and other interest groups to representing other older people on a forum. Some participants were also very vocal in gaining and defending what they regarded as their rights as citizens vis-à-vis the

County Council or the state in general or fought for improvements in their villages and towns. Maintaining these connectivities was seen to be a strong motivator for physical mobility, even overcoming physical pain. These aspects of psychological mobility, such as openness and the willingness to connect with the world are both a prerequisite for and the outcome of physical mobility (and thus determinants of mobility in the sense of research question II). In this way participants understood that movement and connecting with the outside world was akin to being alive and to having a future. In contrast, some older people had become disconnected from society and did not leave their homes and as a result perceived time as standing still without future perspectives. This disconnection is not to be understood in the same way as the earlier gerontological theory of disengagement (Cumming and Henry 1961). Whereas the latter was deterministic in its approach to the relationship between the ageing individual and society, my analysis of mobility and ageing which addresses research question V (and also research question III on accessibility) has shown that the disconnection of some older people from society is dependent on many factors from individual personality and life course experience to geographical location, health, finance and the availability of structural, social and family support, transport and local or community facilities. Local facilities for instance are vital in motivating older people to leave their homes. Increasingly rural areas have been losing their local facilities and services such as shops, post offices, hospitals and fire stations. As I argued in Chapter 6 the demise of these facilities has a negative impact on older people's lives as these are often intricately connected over time with their local communities. Inter-generational connectivities were also identified as affecting older people's mobility, as older residents avoided groups of young people in the street for fear of being victimised- the outcome of stereotyping. In contrast, many participants identified the relationships with their own grandchildren as positive and as enabling their own connectivity with modern day society. Open-mindedness (one aspect of psychological mobility) and the ability to listen were identified by participants as an important aspect of inter-generational relationships which could help to overcome the characteristically stereotyped connections between the generations.

8.2 Limitations of the research

The participatory approach in this research project aimed to involve older people as much as possible in the research process. Participants were involved in the identification of issues and solutions around mobility; they provided feedback on the draft report written for Age Concern; and they were involved in the launch and publicity event when the report was presented to practitioners and policy makers. In addition, each participant received a copy of the report to use locally for campaigning if they wished to do so. I was myself subsequently involved with ACDC in

consultation with transport planners and other public services at the County Council to improve footpaths and transport across the county. The participatory aspect of the research might have been extended to include the facilitation of positive action by participants to rectify some of the issues identified in certain local areas and for some individuals. Participants had made some very specific suggestions for improvement to their local areas which were listed as an appendix in the report (Ziegler 2007), but my concern is that County officials may have been able to do little on this very local level to improve older people's mobility.

The study included interviews with some individuals with disabilities and impairments. These gave an insight into the more complex challenges faced by some older people. However, most participants in this study were already socially engaged as I recruited participants from community centres and village halls. Because of this self- selection aspect of the recruitment process individuals with less mobility support and fewer opportunities for socialising may have been under-represented in the sample (i.e. the so-called *hard-to-reach* population). In spite of these limitations the data revealed a wide range of issues across a range of age groups from individuals with different backgrounds.

The study makes no claims for the generalisability of the findings. As stated in Chapter 3 the research approach recognises the situatedness of the data in time and space. This study was carried out in rural areas in the North East of England in the early 21st Century, but is also situated in the political and societal context of Britain at this time. One significant development regarding older people's transport occurred during the study period- the introduction of free travel on public transport for the over- 60s in 2006. I have not been able to include the potentially beneficial effects of this development on older people's lives in this research project. Although it should be pointed out that for most participants the *cost* of local travel by public transport was not a significant obstacle to their *daily* mobility.

8.3 Future agenda for research

This research project has revealed some gaps in knowledge concerning certain areas of recent developments in mobility for older people. The first one is concerned with the effects of free travel on older people's mobility as mentioned in section 8.2. More research is needed to identify to what extent free travel may have benefited the ageing population in getting around and improved older people's quality of life. A critical analysis of free travel for older people within the 'mobilities

paradigm' discourses may also be of interest in relating this development to social structures and processes which support and assume the 'right' to movement.

In addition I found that the increased use of mobility scooters by older people has opened up new expectations and issues regarding mobility, but also regarding the safety of scooter drivers and the accessibility of public buildings. Additional research is required to highlight these new developments and the issues arising from them. Policy guidelines and recommendations may have to be developed to ensure the safe use of scooters by older people.

In this research I have been able to show some of the pathways in which physical and psychological mobility are related. In order to strengthen this conceptual framework a longitudinal study would be needed of the interaction between the two aspects of mobility across the life course and in later life. A study of the reciprocal or cyclical relationship between physical aspects and psychological aspects of mobility across time would enable the further development of pathways of influence which influence the older person's engagement with the world. The complex interaction of the connectivities between the individual and society would also benefit from further investigation to elucidate the networks of relationships older people are part of, and how these influence older people's resiliency in light of physical decline.

The broad understanding of mobility which I have developed in this thesis will need further development. For instance, further geographical research could develop stronger links between the concept of positive ageing and age-inclusive environments which enable older people to maintain positive connectivities with the world around them. Further work is needed to develop a conceptually holistic framework for the use of professionals who work with or provide services for older people, from transport planners to social workers. A user-friendly analytic framework based on the broader understanding of the interactions of different aspects of mobilities may aid in the improvement of mobility-related services for older people. This would also contribute to the development of an age-inclusive society.

Although this study (like many others before it) aims to make improvements to older people's quality of life through influencing policy and planning on a structural level I would advocate further action oriented participatory research to facilitate groups of older people in making the changes they identify as necessary themselves in their communities. Statutory agencies will always have limited ability and capacity to address the needs of older people in rural communities and it is

likely that in the present economic climate cut-backs in services will be inevitable. In these circumstances community based action research can help older people in implementing positive changes. This research could also include the facilitation of the development of more positive discourses of ageing, in particular in the context of inter-generational work on community levels.

This study also suggests further avenues for investigating the relationship between the ageing individual and their environments, not in terms of physical decline, but in terms of spaces and places for spiritual and transcendental development. For instance, what are the spaces older people currently utilize for contemplation and meaning-making, and what other spaces are required in order to facilitate older people's development of inner and outer empowerment?

8.4 Implications for policy and practice

A range of policy recommendation were given as part of the report written for Age Concern (Ziegler 2007) (appendix 9). These give detailed recommendations for improvements regarding the built environment, communities and neighbourhoods, transport and support and services. The additional recommendations below are given because they have arisen out of the theoretically informed and more detailed analysis of the data which I carried out as part of this doctoral thesis.

8.4.1 The natural and built environment

- Provision of accurate information regarding the accessibility of all public spaces and places for both wheelchairs and scooters
- Development of 'enabling environments' that are age-inclusive
- Provision of more parking spaces and free car parking for disabled at hospitals
- Financial and other support for community centres in all rural villages
- Halt the decline of local facilities such as post offices and shops
- Provision of contemplative spaces and places in everyday life

8.4.2 Communities and society

- Development of an age-inclusive society through increasing understanding of and communication between the generations
- Increasing awareness of the needs and abilities of people with disabilities and impairments among professionals and the general public
- Increase opportunities for inter-generational activities, communication and learning

- Encourage younger people to ‘imagine’ their later life

8.4.3 Transport and mobility

- Improve co-ordination between public transport timetables and connecting times in rural areas
- Provide accessible information on alternative and supported transport services
- Develop flexible and convenient transport solutions in rural areas such as Dial-a-Ride

8.4.4 Services and support

- Social Care services may need to work more holistically but at the same time more focussed on the individual’s needs. Additional training may be needed for carers to understand the importance of interpersonal, environmental and social aspects of an older person’s life. A ‘positive ageing’ approach would enable the support worker to identify and make use of the older person’s available skills, knowledge and resources
- Some older people need a companion to be able to go out. Voluntary agencies ought to liaise with statutory agencies to provide volunteers for older people with impairments
- Health or social care professionals need to be able to develop a ‘package’ to support the older person to maintain their independence. This may include for instance a companion to go shopping and/ or transport to a gym
- Hospital staff need to gain an understanding of the geographical and transport situation of the area covered by the hospital services. Appropriate appointments and transport needs to be offered for patients travelling from rural areas
- When there are major changes to service provision or facilities adequate advice and information needs to be made available in order to allow older people to make choices most appropriate to their circumstances

8.5 Reflections on collaborative research

In this section I would like to reflect on some of my own experiences of being a CASE student. CASE PhD studentships are jointly funded by a research council and an outside partner- this could be a commercial, charitable or statutory organisation. I would like to point out though that I am aware from discussions with other CASE students that experiences of collaborative research vary greatly depending on the partner organisation and their involvement. Nonetheless the experiences and issues recounted here are not unusual. Macmillan and Scott (2003) for instance discuss issues

around ownership, access and confidentiality in relation to their CASE studentships, some of which these are also raised in the discussion below.

As was mentioned in Chapter 3 the collaborative partner for this study was the charity Age Concern. Representatives from both the national and local level of Age Concern had been involved in preparing the funding application and research questions. Once the funding had been received I was recruited as researcher on the project. As a CASE student I therefore had no direct influence on the research questions. In contrast to other PhD research which is developed by the student I had no input into the initial stages of development. I feel that this process had an important influence on the initial relationship between myself and the collaborative partner. Because Age Concern had been involved in the project before my own arrival there was initially a strong sense of ownership of the research by the representatives of Age Concern. Some of the issues which arose from this have been discussed in Chapter 3.

8.5.1 Recruitment

During the recruitment of participants the collaborative nature of the project caused something of a dilemma for me at times. On the one hand I was able to point out that Age Concern's involvement meant that the findings of the study would be applied and used for campaigning on behalf of older people, for instance to improve service and public transport planning. This meant that participants felt that the study would be worthwhile and that it may indeed make a difference to their own and other older people's lives. On the other hand I also became aware that the collaboration with Age Concern put some people off participating in the study. On questioning their reasons I was told that these individuals did not want to be associated with a charity for the 'old' because they did not consider themselves as old or in need of assistance from this organisation. In order to resolve this dilemma I initially emphasised to potential participants the independent nature of the research project itself, but pointed out Age Concern's important role in disseminating the findings.

As part of the initial agreement Age Concern were to contribute to the study by providing access to older people in the area through their own networks. As mentioned in Chapter 3 this recruitment process turned out to be only partially successful, but a small number of participants did join the study because they had heard about it through Age Concern's publicity. In fact, in two locations these volunteers themselves recruited other local people to take part in the focus groups.

Because of issues of confidentiality Age Concern was unable to give me direct access to their database. Instead the local office sent out letters inviting housebound older people to take part in the interviews. Two of the interviewees were recruited in this way. Other interviewees I met during my own recruitment process.

There are two main issues to reflect upon concerning the situation as described above: firstly there are issues of researcher control over the recruitment process and over the selection of participants. I feel that the researcher needs to maintain his or her independence and integrity by recruiting participants him- or herself. Age Concern's involvement and the subsequent snow-balling effect of participant recruitment certainly eased the process to an extent, but also raised issues regarding the self-selection of participants. Because of the initial over-recruitment of numbers I was able to exercise some influence over the eventual make-up of the focus groups by a selection process as described in Chapter 3. Secondly, as discussed in Chapter 3, carrying out the recruitment process oneself is important in establishing a relationship of trust with potential participants. Whilst visiting the villages I became familiar with the natural, built and social environments in which participants lived and which they referred to in subsequent discussions. This local knowledge supports the development of trust between participants and researcher and aids in discussions and data analysis.

8.5.2 Ongoing involvement

Regular meetings between myself, my academic supervisors and the local manager at Age Concern were held throughout the study. The meetings were held quarterly. We followed the ESRC guidelines for CASE studentships (Bell 1998) and during the first meeting agreed on issues such as authorship, financial and other support of the research by Age Concern. I was for instance invited to Age Concern England's headquarters to discuss current policy issues and literature regarding mobility and transport with the organisation's own researchers. We negotiated a final report as the research outcomes for the CASE partner. The ongoing communication and interaction was helpful for me in that it kept the research focussed and on track. I also had to learn to be diplomatic, negotiate and compromise with a research partner whose priorities differed from my own as an academic. For instance the applicability and the potential impact of the research on the organisation's ability to gain funding through the evidence gathered by the study were of consideration to the partner throughout the study. Some of the issues arising out of the conflicting agendas of the collaborative partners were discussed in relation to accountability in Chapter 3.
In terms of research design and methods used there were two issues which arose: firstly, Age Concern envisaged a strong comparative element to the study between rural and urban areas. After

some consideration the comparative element had to be discarded because County Durham has no clearly defined urban areas. There are some towns, but these do not fall within the definition of 'urban'. Secondly, as mentioned in Chapter 3 the participatory methods were considered by Age Concern suitable for data collection with older people, but not with professionals and stakeholders. Despite reservations from Age Concern, and after consultation with my supervisors, I used the diagramming methods successfully with the group of stakeholders.

8.5.3 Outputs and Impact

The very great advantage of a CASE studentship is that the research can be taken up by the collaborative partner. This was a decided bonus for this study in many respects. Firstly, I was able to tell participants that the research would be disseminated and thus potentially have an impact on older people's quality of life. This persuaded some individuals to take part in the study. Secondly, my own approach to research is that it should have a visible impact and improve the quality of life of participants and beyond. The collaboration with Age Concern made all the hard work worthwhile. Creating the potential for impact was possible through the participatory nature of the project which gave participants a certain amount of ownership of the research findings, as well as the collaboration with Age Concern. Thirdly, the report with findings was widely distributed among planners, policy makers and participants. The launch event was held in County Hall and was well attended by participants and stakeholders. And lastly, a representative from Age Concern and myself continued to be involved with consultations with local planners who had read the report and were keen to take up the issues raised on a local level. In one meeting we were told in great detail how the issues had been or were currently being addressed by local planners. Because of Age Concern's campaigning I was thus able to see a positive outcome and impact of the research project within the duration of the studentship.

8.6 Summary

As part of the *active ageing* discourse older people's mobility has in recent years been predominantly understood by geographers and gerontologists in terms of its functionality for the maintenance of quality of life and independence in later life. In contrast this thesis has shown that mobility and movement are understood by older people more fundamentally as representing a state of *being in the world* and as a way of *relating to the world.* This shift in conceptualisation has significant implications for future research regarding mobility and independence in later life which have been outlined in this chapter. I have also outlined the implications for a social understanding of older peoples lives which is founded upon their own analysis of their experiences, rather than

that of experts and professionals. As outlined in this chapter this shift in the understanding of mobility also has consequences for planning and implementing policy and practice related to supporting older people in their communities.

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Appendices

Appendix 1

"Getting Around"

Researching Mobilities with Older People

Participant Questionnaire

Name_____ □ Male □ Female

Address_____

_____**Postcode** _____

Tel_____

Age (please tick your age group)

□ 60 – 64 □ 65 – 69 □ 70 -74 □ 75 -79

□ 80 – 84 □ 85 – 89 □ 90 – 94 □ 95 +

Living arrangements

□ Living alone □ living with spouse/ partner □ living with partner & children

□ Living with children (without partner) □ living with other persons & partner □ living with other persons (without partner)

□ other (please specify) _____

Do you r e g u l a r l y receive help with any of the following?

□ none □ personal care

□ food preparation □ moving about in your home

□ travelling or transport

□ other (please specify) _____

Do you drive? **Do you have access to a car?**

□ yes □ no □ yes □ no

Do you have a physical condition which limits how you get around?

□ **Yes** □ **No**

How long have you lived in your current neighbourhood or area?

How often (on average) do you leave your house?

□ **about once a week** □ **about twice to three times a week**

□ **Less than once a week** □ **every day** □ **more than once a day**

Appendix 2

Program for Pilot Focus Group Annfield Plain

12 July 2005

Researching Mobilities with Older People

1. The project
2. The Pilot study
3. Today's activities:
    - introduction of facilitator and participants, e.g.

        My name is …

        I live in…

        I am … years old

        I used to be a … (profession/ job)

        I am married/ single/ widowed/ divorced

        I have … children/ …grandchildren

        My hobbies/ interests are…

        'Being mobile' means … to me.
    - group work: diagrams
    - discussions
    - Mobility diaries
4. Evaluation: e.g.
    - The setting/ location of meeting
    - The time and duration
    - The activities:

        Did you feel comfortable with the methods used?

        Do you think the diagram is a good tool for collecting

information on people's mobility?

- If you could change anything, what would it be?

5. Questions?

Appendix 3

Friederike Ziegler (December 2005)

"Getting Around"

The Pilot Project Report

Introduction

The pilot study for this research project was carried out with four focus groups in July and August 2005.
Of the four group sessions two were carried out with the same participants in Derwentside, the other two were carried out in Weardale and Teesdale respectively.
The number of individuals for each of the groups was between 5 and 8 participants.
Access to the focus groups was organised by Age Concern County Durham, one being established as an Age Concern forum, one being a group of hard-of-hearing older people and one being a lunch club for older people.
The researcher was given the opportunity on only one occasion to introduce herself to the participants prior to the group convening as part of the pilot study. In the other two instances, no prior access was given, which had an impact on the success of the group session, both in terms of attendance and willingness of members to participate.

This document describes the methods used in the study and assesses their efficacy in terms of the aims and objectives of the pilot study.
It also gives a detailed analysis of the issues raised by participants relating to mobility and social exclusion.

The Aims

1. To trial and assess the research methods
2. To elicit some of the key issues regarding mobility from participants, which are to inform the main study which is to follow.

The Objectives

6. Trial participatory diagramming as a basis for discussion on mobility patterns and modes of transport
7. Trial sketch mapping as a method for gaining spatial as well as qualitative information from groups and individuals on:
    a) perceptions
    b) ageing processes and mobility
    c) access to facilities and services (social exclusion)
    d) other issues relating to mobility

8. Trial Mobility Diaries as a method for eliciting
    a) mobility patterns and modes
    b) positive/ negative experiences during travel
9. Trial photography as a method for illustrating participants' perceptions of their neighbourhood
10. Discuss the meaning of 'mobility' for individual older people and identify initial differences by age, gender and ability.

The Research Methods: Efficacy and Evaluation

Introduction: Procedures for focus group sessions

1. All participants were asked to fill in a brief questionnaire and sign a consent form prior to attending the focus group (see appendix I A & B).

2. All participants received a copy of an agenda at the beginning of each group session (See appendix II). Confidentiality was assured to all participants, as was their right to withdraw at any point during the focus group session.

3. The researcher introduced herself and then asked each participant to introduce themselves, stating name, residence, age, family status, occupation prior to retirement, hobbies and interests. Lastly each participant was asked to state what 'being mobile' meant to him/her.

4. Participants were then divided into two groups according to place of residence.

   The smallest of these groups contained two, the largest contained five participants.

5. Evaluation: At the end of each group session participants were asked to give feedback on how comfortable they had felt with the methods used.

Methods

2. Participatory diagramming:
    a) Individual spider diagrams: 'Where do you go when you leave your house?' Thinking back to the last two weeks
    b) A group spider diagram (as above)
    c) Attaching post-it stickers to each 'leg' in two colours: one for the mode of transport, and one for any issues relating to that particular trip, e.g. difficulties with parking (appendix III).

   The resulting diagrams were presented to the whole group. Participants were asked to explain and discuss their diagrams.
   Efficacy and evaluation: Method was appropriate for gathering information of participants' mobility patterns for the previous week. But it would be difficult to ask participants to recall activities further back, because of recall errors. For this particular group few difficulties were raised, as they were a group of younger/ more mobile individuals.
   Participants were comfortable using this method, although some expressed doubts regarding its effectiveness in gathering information.

3. Sketch Mapping
    a) Individual maps: ‘Draw a map of your neighbourhood with the places that are important to you’. Attach post-it stickers in two colours: ‘Things that you like or dislike about your neighbourhood’.
    Participants presented their maps to the whole group and discussed the drawing and its meaning. Efficacy and evaluation: This method was a very visual representation of participants’ spatial perceptions. It worked well in this particular context, but was very individualised and therefore not to scale, so would be unsuitable for comparisons/ overlay with ordinary maps (GIS). The method might be extended/ varied to elicit other forms of information, e.g. travel horizons, social networks. A base map may be used to give a sense of scale.
    Participants initially needed some encouragement to draw these maps, but then enjoyed drawing and discussing the drawings. Participants were aware that the maps did not represent a scaled reality.

    b) Group maps: ‘Draw your neighbourhood and the places you go to when you leave your house’. Post-it stickers for the mode of transport and for frequency of visits. Participants presented the map to the whole group and discussed their part of the drawing.
    Efficacy and evaluation: The group maps were drawn with different coloured pens by individuals on the same piece of paper. There was no base map, which meant much discussion among the group re. spatial orientation within the village and of neighbouring villages. The resulting drawing looked somewhat chaotic, with different scales within the drawing as participants had different travel horizons. The discussion of the maps were therefore less successful, as participants could not remember which bit had been part of their drawing.
    Although participants were not asked directly for feedback in this case, the researcher concluded that a group map would have to be based on a basic scaled map of the area in question.

4. Diaries of Mobility
    Diaries kept by seven participants for one week, recording trips and positive/ negative experiences during the trips (see appendix IV).
    Efficacy and evaluation: The method gave a fairly accurate account of participants’ travel patterns for one week. For some the chosen period was fairly typical, for others it was busier than usual. The information was similar to that elicited during the spider-diagramming, so accuracy of recall could be cross-checked (triangulation). Again few difficulties were encountered during travelling, nonetheless some interesting conclusions can be drawn from the discussion of entries which was carried out in the group.
    Participants were happy to fill in quantitative information (where, when & how), but did not know what to write when asked about positive/ negative experiences (i.e. perceptions) during their trips. Participants filled in the diary for most days diligently. For some it was a reflective experience, for others more of a chore, which they would not want to repeat.

5. Photography
    A small group of participants were given a digital camera and asked to take photographs in the village of places and objects, which were important to them.

Efficacy and evaluation: Participants returned with a good number of pictures, explaining their reasons for taking particular shots. Unfortunately the camera battery ran out during the trip, so participants had to return earlier than expected. Participants tended initially to focus on negative images (probably also because they were not residents of that particular village), but then became aware of their bias and took some positive pictures as well. Of the three women who were in the group one took all of the pictures, although the others had some input into which places to photograph. (Beware in future of dominant participants!). Participants greatly enjoyed taking photographs and discussing them with the group.

6. As one pilot group refused to take part in a discussion in the form of a focus group, the researcher and two assistants engaged individuals in informal conversations on the issues of mobility during and after a lunch.
   Reflection: the refusal of participants to engage formally was most likely due to a miscommunication, and the fact that individuals had not been prepared sufficiently for the researcher's visit. Ideally, the researcher should have had the opportunity to visit the group prior to the focus group session to gain the trust of individuals and explain the aim & procedures of the project.

Conclusion

1. It is essential that the researcher gain the trust of all participants prior to commencement of the focus group sessions.
   This has been achieved during the recruitment process by the researcher through personally visiting groups and introducing herself and the project.
   Throughout the project it is essential that participants are personally addressed and informed about the project and its progress. This has to be considered the basis of any participatory approach.
2. The methods piloted are suitable – with some amendments and careful consideration- for the collection of information on participants' patterns of spatial mobility and perceptions.
   Issues of social exclusion may –with care- be addressed through similar methods.
   The discussions give the researcher the opportunity to elicit more detailed and in-depth information on the issues raised during the mapping or diagramming exercise.

Analysis

Introduction

The analysis of the recorded discussions of the focus groups was carried out in order to extract firstly the issues of primary concern to participants regarding daily mobility, and secondly in order to analyse the experience of ageing as expressed by participants and as relating to daily mobility. And thirdly, to gather the meaning of mobility for participants.
The theoretical framework used for the analysis is the 'Life course approach to environmental gerontology', as detailed previously.

Method

1. A textual analysis of the transcripts was carried out, which arrived at a number of issues relevant for participants:
   Travel; public transport; friends and family; getting/ giving lifts in cars; parking for disabled; pensions and money; shopping; day trips; being widowed; pavements; local facilities and services; moving house; taxis; the neighbourhood; mental mobility; being lonely; driving a car; voluntary work; the weather; access to information; access to health

services & hospitals; ageist attitudes by younger people; ageing processes; meaning of mobility.

2. The above themes were then regrouped into three main areas in the context of the life course approach to environmental gerontology:
    a) the individual and his/her life course
    b) the environment (social, physical, economic, built, etc)
    c) ageing

    This approach has been chosen, because it is appropriate for the analysis of the various aspects which influence an individual's daily mobility.
    The three categories are not discrete, but interact on many levels. Future work may trace some of the inter-relationships between these three areas.

Results

<u>The individual and his/ her life course</u>

The meaning of mobility
The meaning of mobility for participants is linked to the individual's life in a number of ways: through age, gender, level of physical mobility, interests & hobbies, personality, habits and attitudes as developed over the life course. All of these influence how the individual defines mobility for themselves, according to their own personal experiences, resources and needs.
The following statements illustrate some of the links between mobility and the individual's life:

> So therefore, being mobile to me means, yet again like J., as long as I can keep my car on the road, I get on the road. (PA/4, 1)
> *Being mobile means choice, that I'm able to do what I want to do.(PA/1, 1)*
> Being mobile for me means being able to get out of the house, go up to the allotment, ahm do whatever I want to. (PA/9, 1)
> *Being mobile means I can go out and go for a walk, catch the bus, and go on road trips.*
> I like to get around as much as I can, go on plenty of holidays and day trips; whenever there is a trip on I like to get away. (PA/4, 2)

> *Being mobile means going around the country with the dogs (PA/10, 2)*
> I don't get out all that much (PA/6, 2)
> *Being mobile to me means a lot of the time getting a lift from E. who is very kind to me. Ahm. Otherwise I'm just always travelling around. I don't drive at all. (PA/2, 2)*

The common theme among those statements is that mobility is always linked with being physically and mentally active and independent outside the home. Mobility is intimately linked to what people are and how people express themselves as individuals.

As individuals grow older and become less physically mobile, this in turn affects their understanding of mobility- individuals become content to be able to do the daily chores, such as shopping, which is reflected in the following statement:

> *And being mobile means to me, you know, I am mobile, but I can't walk a long way, you know I've got to, I'm tired. I've had enough today, I've been to the shops. (PT/4, 21)*

These themes could be explored in more depth during the main study.

Finances and money
Participants raised financial issues in a number of different contexts:
For those owning a car, it was the expense involved with keeping the car on the road;
In addition, the cost of car parking was raised, in particular outside hospitals.

Charges for disabled car parking was raised as an issue: some facilities are free for disabled, others are not. It was felt that parking for disabled should be free in all places.
A more co-ordinated approach was also deemed necessary (and fair) regarding the pricing of public transport for older people throughout the Northeast.

> *I'm a passionate advocate for free travel for the elderly … Go for a coffee or into Stanley or anywhere, just knowing that they didn't have to spend more money than they needed to really. (PA/2, 3)*

Whereas older people in County Durham are charged half-fare on public transport, those living in Gateshead and Newcastle are charged a standard fare of 30p for any bus journey. This was considered grossly unfair by participants.

> *I must tell you what I object to, usually I catch the bus to go to Newcastle. I get to Sunnyside, the bus fills up; it's about 30 pence per journey for them, because they're on Gateshead or Newcastle Council, and we have to pay half price, that's what I object to. (PA/ 6, 4)*

The cost of taxis was commented on. Some participants felt that they could not carry heavy shopping from a bus stop to the house, but a taxi for shopping was too expensive.
One participant shares a taxi with a friend twice a week to go shopping. This makes the expense less heavy, but could still be too expensive for some older people, depending on the distance to the nearest shop.
Other solutions discussed were the home delivery services which supermarkets offer, but none of the participants had ever used this service.
A 'shopper bus' was suggested as a solution:

> *What I think could happen is probably a little community bus that you could ring and say, to be picked up and go shopping or something like that. For a lot of people that would be a help. Anybody who has heavy shopping to carry, if they're using public transport, it's so difficult to be able to walk from a bus stand a distance to your own home; otherwise it means getting a taxi, which is more expensive. But if community buses were available, you know (PA/3, 3)*

These financial aspects of mobility need to be explored in more detail, in particular in the context of issues regarding social exclusion and poverty.

Life events
Apart from the accumulative effect of the ageing process, which impacts on individuals' mobility, there are other, more discreet life events, which have a great impact, either directly or indirectly, on older people's life and their mobility.
One such event, which affects many older people, is the death of a spouse. Being widowed is a situation, which some people may adjust to in time, others find it more difficult, partly depending on the age of the widowed individual.

I've lived in … only for a year, moved into the area a year ago. And since then my husband has died, so it means that things have changed dramatically for me. (PA/3, 6)
Well, I'm, its just two years since I lost me husband …Nowhere to go. No one to sit in the house with. No one, anything. Everything changed because, we farmed together for 50 odd year, and we've never, … always remained together (PT/4, 25)

Some widowed participants, especially women, felt that they were prevented from going out, because of the lack of a companion. This was particularly the case for the over-70s, who would either go shopping with a relative (e.g. a daughter or son), or with a friend.

Interests and hobbies
For all participants physical mobility was essential in their ability to pursue hobbies or other interests. Which in turn are vital for older people to maintain a degree of 'mental mobility' and general well- being. Volunteering is one way for people to get out and about, and many participants volunteer on a regular basis.

I work in Bishop Auckland sometimes in one of the charity shops and I get the bus, it takes me down to the Scope (PT/2, 25)

For others, being out and about is a 'hobby' in itself.

My hobbies are gardening and going where anybody will take me (PT/4,21)

Although people still have interests as they get older, their role often becomes more passive, because of physical restrictions. Some may find alternatives to keep themselves occupied and maintain a sense of 'being useful' to others.

My hobbies now are, a lot of interests but I can't do them now. But, err, I used to walk a lot, you know, with the ramblers but I can't do that now because of arthritis. And err, I do this driving for groups and err that's about all really. (PT/5, 18)

It is in this context of hobbies and interests, where the participants expressed the strongest regrets about the ageing process and the restrictions it places upon the individual.

Well-being
Participants expressed an awareness of the link between 'being out and about' and general well-being. In particular, female participants who live alone, use shopping trips in order to get out of the house and meet people, gossip, and see a friendly and familiar face. Socialising is therefore vital for participants' well-being, as illustrated by the following statements:

It's a nice village and when you've been while you sort of get to know people, you've settled in and it's nice to, just go to the shop and say to people, say 'hello' to them on the morning. (PA/1, 9)
It's also socialising as well, don't you? I don't mean that flippantly, I think if you do shop like that you get around and you get someone to chat to, and sometimes that in itself is good therapy (PA/8, 4)
So getting out and about does you good (PT/1, 27)

The home is regarded as a space for relaxation, peace and a quiet time, but also for many a space of loneliness and isolation.
Getting out of the house in contrast, is associated with being physically active and mentally stimulated. Many activities which participants carry out whilst 'out and about' contribute to the individuals 'happiness'.

And that was it I just enjoy going out and meeting people. Because if I stay in the house, I don't see a soul, you know (PA/5, 11)

Err I just come here didn't I, I joined this club and the 50/60 club just for sommat go to. Coz on the farm we were always busy we never had time for anything(PT/4,21).

Some comments made seem to indicate not just isolation, but also boredom, where after a busy life there seem to be few activities individuals can engage in to pass the time. The withdrawal into the homesphere, which many researchers regard as 'natural' for older people, may in truth be an involuntary inactivity, the result of a culture, which has left frail older people without any roles to play within the fabric of society.

Habits and attitudes
The life course approach recognises that individual's habits and attitudes influence their behaviour throughout their lives.
Participants expressed their opinions regarding issues of mobility, which reflect the multitude of personal and life experiences among individuals.
Personal characteristics can be innate and habits are formed over time, but both are influenced in part by outside circumstances, such as economic and educational status, and the physical and socio-cultural environment.
Habits and attitudes regarding mobility are therefore a reflection of the individual's character and environmental influences over time.

One striking comment made by many participants relates to certain cultural characteristics of the British: A certain independence, which does not allow individuals to ask others for help.

So I just go where people take me or offer to take, I never ask. I just, if anybody says would you like a ride here, I put me hands up. (PT/4, 25).

Other habits relate to the mode of transport used:

I wouldn't walk. If I couldn't get the bus, I'd think, ahh, that's it. (PA/?, 12)

Participants who have car expressed an awareness of how fortunate they were to be able to drive. This, they felt, gave them more independence, flexibility and was more convenient in most travelling situations.

You just get in the car and take it for granted, don't ya. (PA/1, 12)
We're very fortunate … coz we are able to drive and get out, you know, which, I appreciate that a lot of people less fortunate. (PA/8, 12)

But at other times, driving can be a burden, or take over one's life without realisation.
Those with car often feel responsible for giving lifts to those without their own transport.

It's good to be able to drive and get to these places, but sometimes you think, you know, oh I canna be bothered with the car (PA/8,13)
I tell you what it made me think about, it's time we got out of that car and got some walking done. Because every journey I took I was in the car. And I was either by myself or I was picking up or I was dropping of, or I was taxing children from school, and I suddenly looked at it, and I thought you're not doing enough walking. (PA/8, 10)

On the other hand, those without access to a car feel at a distinct disadvantage:

Yes, she had a car you see, makes a difference (PA/4, 25)

Summary
Mobility is clearly linked with the individual's life course and his/ her experiences, which in turn shape behaviours and attitudes.
The main theme of this section has been the significance that mobility has for the well-being of individuals. Being 'out and about' does not only keep individuals physically active, but contributes to mental mobility in that the interactions and experiences outside the home keep a person mentally active and flexible.

This quote from a participant succinctly summarizes this conclusion:

Being mobile means life, really. If you can't get out and about and you're stuck in the house, I think you become a cabbage. (PA/3, 3)

The Environment

Social Relationships: Family and Friends
An individual's family status and their local network of family members and friends influence the level and type of activities and thus mobilities.
Marital status is the most important determinant of an individual's activities. In the absence of a spouse some participants carry out activities with a close friend or group of friends.

But I'm not without entertainment because I've made friends in particular I've met, M, now B and we do lots of things together. (PA/2, 8)

Very few, in particular of the over 80s, will go out for leisure activities by themselves. Even shopping trips are sometimes done with a friend:

Err, being mobile, err means (laughs), well, I have to get a taxi when I go down shopping, me friend goes with me shopping. I used to drive me car but I can't now. (PT/3, 18)

Many participants depend on family and friends for lifts to attend to daily or leisure activities. Many of these arrangements have become established patterns, for instance a lift to the supermarket with a daughter once a week. These become with time part of the fabric of daily social life for those receiving, as well as those giving lifts. This aspect of mobility merits closer

inspection, in particular regarding participants' perceptions of the nature of the relationships (reciprocal?).

I depend on E., who's my cousin and lives beside me. She takes me all over, ahm, and that's about it. (PA/ 3, 3)

I just go where people take me or offer to take, I never ask. I just, if anybody says would you like a ride here, I put me hands up (PT/4, 25).

The researcher believes that these arrangements are vital for older people in that they provide fixed points in time and space, a certainty of social contact in an often increasingly lonely and uncertain world.

Community and place attachment

The majority of participants had lived in their community for most of their lives. Thus individuals felt a strong attachment to their particular communities and places of residence. Two types of comments have been made regarding communities:

Firstly positive comments on the changes made in the physical environment and regarding some facilities, which applies in particular to some of the deprived areas of Derwentside.

Secondly comments regarding the breakdown of social relationships in communities, which in the past had been closely knit and safe. Those comments were made by all participants, but seemed more pronounced in the rural areas of the Dales, where participants commented on the number of strangers and 'incomers' in their communities, which had become 'dormitory villages'. Many of those communities are affected by the loss of local services and facilities.

There's a lot of good things, for people to enjoy there, in the community centre there's a luncheon club, which Age Concern actually run the luncheon club which is very successful. There's a lovely play area for the children which is safe, it's enclosed and they have to be members to get in to it, but the children are safe while they're there, there not at any risk, there are attendants there looking after them. There's a huge football field beyond that, that's used by, you know for clubs and whatever.

There's been a lot changes and things, you know good changes in the village, and I can't really find very much negative about it. (PA/8, 7)

Many participants commented on feeling lucky to be living where they are, mostly relating to the beautiful countryside in County Durham. And that in spite of any problems they might have regarding access and mobility issues.

Social events

The nature, quality and number of events, which are attractive, accessible and suitable to older people of various age groups are important in determining whether individuals will wish to leave their houses and make an effort to go out. Comments such as 'Coming here is worth the effort' reflect older people's attitudes in that a special effort is generally involved in leaving the house. This applies in particular to those in their late 70s and upwards.

Many communities have lunch clubs, which are more or less successful in attracting participants. Other events that people attend include embroidery groups, camera clubs, coffee mornings, church based groups, Women's Institute, University of the Third Age (U3A), exercise classes, bowls, other special interest groups (e.g. ramblers), and concerts and theatre occasionally.

Some of these events are almost exclusively frequented by women, with few exclusively male activities (The Men's Forum in Consett being the exception). Some activities are visited by couples

and single people, in particular the church-based groups and lunch clubs, again others by only one half of a couple, where a special interest is involved.
There seem to be strong associations regarding social rules in certain activities, which are seen attractive and suitable to either men or women, and for certain age groups. For instance there are few individuals under seventy frequenting lunch clubs. People in their sixties do not as a rule regard themselves as 'old' in any way, so avoid any association with groups of older people.
Access to events is sometimes an issue for those without cars, although it seems that there is a great willingness for organisers to solve transport problems, mostly by arranging lifts.

The built environment: parking, pavements and roads
Participants identified two areas where the man-made environment and its attached regulations posed significant obstacles to mobility and health: parking and pavements.
Many older people who have limiting physical conditions, apply for disabled badges, which allow parking in designated disabled bays and easy access for shopping, visiting health centres, hospitals and leisure facilities.
Participants commented on the misuse of these badges by relatives of disabled persons, and made suggestions how this may be remedied:

So, I sometimes think it's good to have- if you had a machine, if you had a disc to put in and you only had a disc if you're qualified, then it's like the supermarket trolleys, you get it out when you come out of your disabled bay. And then there would be just disabled people, qualified disabled people using them. (PA/8, 4)

Other comments concerned the regulations regarding parking charges for those with disabled badges:
For instances in Darlington Hospital parking is free in the disabled bays, but as there are only three disabled bays, a person with a badge is likely to have to park outside those bays and is charged a parking fee. Firstly, participants felt that there were insufficient disabled bays at the hospital, and secondly they suggested that parking for the disabled should be free of charge in the whole of the car park. (see also *Money and Finances*)
As mentioned above, it was suggested that parking charges be dropped everywhere for those with disabled badges, as they often do not have a choice of using alternative modes of transport in order to access services and facilities.

And another thing: Some places are free for the disabled and some places aren't. (PA/1, 5)

For a number of reasons older people in County Durham can become entirely reliant on the use of a car in order to get about, either as a driver or as a passenger.
Some may live in remote areas with little or unreliable public transport provision and lack shops within walking distance. Others may be too frail to use public transport, in particular when carrying heavy shopping. Some may be carers for someone who is disabled or frail, and thus unable to use public transport.
For some disabled individuals a car is the only means of maintaining a degree of mobility and independence.
Parking facilities and charges affect those individuals' lives and ability to be mobile to a disproportionately greater extend than others.
All of the above ought to be taken into account in County Durham's strategic framework regarding transport and parking policies and provision.

Cracked and broken pavements were of particular concern for participants in Derwentside.

Absolutely appalling [pavements]. In such disrepair, it's ridiculous when you go out walking. It's so easy for people to trip and fall. (PA/ 6,5)

Examples of older people tripping on uneven pavements were cited, with one lady even having died of her injuries.

…but as the pavings, I know along here to the corner, there's been three nasty falls of people we know. One person died didn't they (aha). And I mean, what, one was just a week ago (yes) and the other one will be about a fortnight ago (three weeks ago), and mind, their face was in a terrible mess. One was taken to hospital, E, and she died (shortly after) just shortly been in hospital. And P has got a terrible face, and has fallen down here along this road (PA/4, 17)

Participants were unsure whether the local council had been informed of these incidents.

The newly introduced textured paving slabs for the blind and easy access dropped curbs were often avoided by participants, as they were too uneven for those who feel a little unsteady on their feet.

Traffic on busy roads was identified by many participants as a concern. Crossing a busy road as a pedestrian was regarded as a significant and dangerous obstacle, and associated with great fear and anxiety. Suitable and safe crossings were lacking in many places.

All of the above, as well as other aspects of the built environment (e.g. access to buildings) will be explored further during the main research. This includes the study of the impact, which regulations surrounding the built environment have on participants' lives.

Public Transport and taxis

Issues concerning the pricing of public transport and the cost of taxis were discussed above under the section *Money and Finances*.

The reliability of public transport and issues regarding the timing of services were discussed by participants.
Where public transport had been reliable and punctual, this noticeably contributed to participants' general enjoyment of their outing.
Connecting bus times were discussed particular for the rural areas, where public transport is now organised around a number of so-called hubs. This can mean two to three changes for people to get from remote villages to larger towns with hospitals such as Darlington. Waiting times for connections of 20 minutes or more were regarded as unreasonable.
Cuts in public transport provision have restricted people's mobility. This often means that passengers have to go via a 'hub' to reach a destination, which formerly had a direct connection. As a result participants were unable or unwilling to make the journey, as it then involves two buses and waiting times at bus stations, which lack seating facilities.

Coz I used to teach down there, if Ken couldn't drive me, I mean I canna get there now. Basically, and I know quite a few in the WI they want to go to Barnard Castle all the time. I mean there used to be on a Saturday, on a Wednesday (PT/2, 20)

Participants then become reliant on alternative transport arrangements, such as lifts with others.

Many participants were aware that bus services were cut because of a lack of passenger numbers. But they also pointed out that those who are the most vulnerable, i.e. older and poorer people without cars, are those who have to suffer as a consequence of poorer public transport provision. Some alternatives were suggested, such as community buses.

What I think could happen is probably a little community bus that you could ring and say, to be picked up and go shopping or something like that. For a lot of people that would be a help.

Participants' expressed a number of perceptions linked with public transport; in particular car users perceived the use of public transport as time-consuming and riddled with potential problems.

I think if we were dependent more dependent on public transport for going all over we might find more difficulties. (PA/6, 12)

And everything takes more time when you have to go for a bus, than by car. You need more time. (PA/?,12)

A lack of accessible and reliable information regarding bus services, as well as regarding special tickets was identified by participants (e.g. Explorer tickets). Some information was passed on through word-of-mouth, but this would be considered insufficient for people to actually use the service instead of their cars.

In summary, participants could be considered belonging to one of three groups with regard to public transport use:

A. Those who never use public transport, because there is a car in the household, or because they are unable to do so.
B. Those who use public transport all the time (usually younger and more mobile individuals)
C. Those who use public transport for particular journeys, e.g. into Newcastle, but not as a general rule.

Among the 'younger old', i.e. people in their 60s, there are increasing numbers of people who have never used public transport in their lives.
It is interesting to speculate what will happen when this generation reaches an age where driving becomes impossible.

Facilities and shopping
Local and community facilities, which were important to participants include: Post Office, food shops and general store, newsagent, community/village hall, health centre and churches.

We have a Methodist church locally and being Methodist I don't go as regularly as I should, but that is where I'll probably finish up on my last visit. Ahm we've got a village shop, we've lost our post office like most places did, but we've got the post office within the village store, so all the facilities are there. And we've got – it has to be said- one of the best community centres in the county. (PA/8, 7)

Other facilities participants visited in the nearest towns included library, supermarket, clothes shops, café, charity shops, theatre.

Many also visit the nearby cities or the Metro Centre to do special shopping, e.g. for Christmas and birthdays.
Many of the villages in Teesdale and Weardale have lost their post offices in recent years, some are without facilities altogether. This means older people have to travel for everything, including access to pensions, basic shopping and doctors.

What is lost with these facilities is not only access to services, but also a way of life for many people, for whom shopping is much more than just stocking up on essentials; in village life walking down the street to a shop exposes an individual to a whole range of social interactions, which are sometimes derogatorily referred to as 'gossiping'. In fact, this type of interaction is often the only regular chance older people have for human contact, and is thus vital for their well-being.
(see also *Well-being*).

Some participants made suggestions regarding difficulties with access to shops:
One solution suggested concerned the home-delivery options many supermarkets now offer. None of the participants had ever used this service though. Reasons given were that one needed to spend a minimum amount in order to get free delivery. Participants argued that they did not spend very much on their food shopping. Secondly they did not want to do all of their shopping in one place. 'Shopping around' was regarded as a way of keeping busy, to have something to do every day especially for those within walking distance of shops.
Another solution suggested by those in more remote areas was sharing a taxi to and from the supermarket. Only one participant actually practiced this on a regular basis. It might be interesting to explore why more participants do not make use of this option.

The Neighbourhood
Two types of comments were made by participants regarding their perceptions of their neighbourhoods: one related to the visual appeal of the physical and built environment.

> *Most of the negative things was because it was boarded up, the shops, and everybody, we've got to a time in our life where people have got to use shutters on the shop windows, they look dreadful. And particularly along here, opposite the bank there's an area there which is really bad on the eyes. But you get further along and there's two new shops and it's such a joy to see those nice shops. (PA/8, 16)*

And the second related to how safe participants felt in their surroundings.

> *The children just go round in hoards and there's always a lot of litter. It's disgraceful at times. Sometimes they're a bit menacing, you know, when there's quite a few, you know together. Especially with the big lads, you know, about the twice the size of you. (PA/3,8)*

Regarding safety there seems to be a relationship between the remoteness of a village and participants' perceptions of safety: the more remote the village, the more likely participants felt happy about walking the streets in the dark (when asked by the researcher).
On one council estate an 'open war' seems to be waged between some older people and the younger generation.
The main research will explore perceptions in more detail in their relationship to participants' mobility, as it might be expected that e.g. fear will prevent people from leaving the house at certain times and days.

<u>Ageing</u>

Other's perceptions

Comments made by others can act like a mirror held up to the individual: It indicates to the ageing individual how friends, neighbour or strangers see that person physically, mentally or psychologically. This outward appearance is often at variance with how older people feel about themselves, but other people's comments will also influence how the older person regards her/ himself.

Some of these processes can be detected in the following statements made by participants:

My son thinks I've lost me marbles and that's a fact you know, I don't know where (PT/4, 21)

Thus family and friends play a role in providing a mirror and feedback for individuals on the ageing process and their mobility, either through direct support, comments, or through comparison with others.

Joan goes you know, lives next to me, but see I can't walk now. .. Joan, err Joan goes to the ramblers, that's the lady out of Barnard Castle, they go all over. Walking (PT/4, 27)

Negative perceptions of the ageing individual can also become imbedded in social structures. Ageism is an expression of extreme social stereotyping. It robs the person of any individuality and dignity.

Sometimes that becomes a little bit of a problem, … it's dealing with young tearaways who look at you as if you come from another planet, simply because you've got a wrinkle or two.(PA/8, 1)

Self perception

As long as individuals feel mentally and physically mobile and able to carry out most activities unaided, the ageing process is ignored.

This of course applies to all ages: people might feel the occasional pang of ageing from their 30s and 40s onwards. But this does not have a major impact on people's lives. People at all ages will choose activities according to their own preferences, which obviously are influenced partly by physical ability, but also by individual maturity and other factors.

Only once individuals have to restrict their daily activities due to physical infirmity, do people begin to *feel* old.

My interest is, I used to work in age Concern, I worked in this shop 11 year cooking, and I enjoyed it. But age told and I had to leave (PA/7, 1)

I've been lucky enough to stay fit, and you know. But I don't find that age has, except for the fact that I don't hear as well as I used to and I don't see as well as I used to, I don't find that age has much to do with it at all. (PA/9, 6)

These quotes raise a number of questions regarding individual's attitudes to their own ageing.

For instance: To what degree do people have regrets or feel embittered about the restriction placed upon them by the ageing process, or do individuals accept their 'fate' as natural and as part of ageing?
To what extend does the individual's coping mechanism depend on other characteristics and factors, e.g. gender, religion, social network & family support, attitudes such as 'I won't give in'?
And: Is ageing indeed all about restrictions, or are individuals aware of positive aspects of ageing and 'being old'?
One participant for instance commented that he had a lay-in every morning – a privilege of the retired and old.

Summary

The pilot study has raised a number of issues which affect people's lives and mobility, and has raised questions regarding the academic discourse of ageing research. Mobility certainly emerged as a major theme for older people, which is influenced by a great number of other aspects in an individual's life and *vice versa*. The aim of this study is to provide an open and blank template on which participants may write their own stories, which will uncover some of the relationships and processes involved.

In the past, researchers have couched the ageing discourse in a very negative frame with the ageing individual as the increasingly restricted, passive victim of outside pressures (Rowles 1978).
The researcher intends that a more positive account of ageing may emerge from this study.
An important aspect to emerge from the pilot study, which has so far not been covered, was the fact that all participants had an incredible sense of humour and an ability to laugh about themselves. Many participants conveyed a determination to have fun and enjoy themselves whatever they were doing. Maybe ageing brings an appreciation of what is essential in live for us as human beings?

Appendix 4

Getting Around

Focus Group Programme for 30th January 2006

Welcome and Introductions
Also: cameras, next session, consent forms

PART I
Discussion
What is mobility? What does being mobile mean to you?

Circles Diagram of Travel Horizons
Where do you go when you leave your house?
Stickers
How often?
Mode of Transport?

Discussion
Do you enjoy/ not enjoy any of these trips? Why?
Where would you like to go/ go more often?
What prevents you from doing so?
Do you ever think "I can't afford to go there?"
A lot of getting around is about socialising and doing things that you enjoy:
Do you ever feel lonely because you can't get about?
Or are there other reasons for being lonely? What about friends, family and neighbours?
Is it different for men and women?

TEA BREAK
Wall Charts

Discussion:
We age throughout our lives, so…
Is there such a thing as "ageing"?
Can it be defined?
Where/ how does it begin?
Are there good things about getting older (and wiser)?
How do you feel about growing older?
Are there certain things you can no longer do/ choose to no longer do?
Do you do things differently?
What has remained the same?
Does being religious affect how one sees ageing?
Is it different for men and women?

Evaluation
How did you find this focus group session?

Appendix 5

Department of Geography

Durham University

Getting Around

Researching Mobilities with Older People

Participant Consent

The Economic and Social Research Council (ESRC) and the University of Durham attach high priority to the ethical conduct of research. We therefore ask you to consider the following points before signing this form. Your signature confirms that you are happy to participate in the study.

- **Your contribution to this research will involve participation in interviews. Part of the sessions may be audio recorded, but the researcher will respect your decision should you wish not to have certain comments recorded.**
- **The recordings will be transcribed without reference to names or other personal details which may identify an individual. The recordings will be destroyed in due course.**
- **The material produced will be analysed and may be included in the end report which will be used and published by Age Concern and the researcher. Should you feel unhappy about materials being used at any point during the study please let the researcher know.**
- **The end report will be presented to participants with an opportunity for discussing the results with the researcher.**

Confirmation and Consent

I confirm that I have freely agreed to participate in the 'Researching Mobilities with Older People' project. I have been briefed on what this involves and I agree to the use of the findings as described above.

Participant Name _____ Signature _____

Date _____

I confirm that I agree to abide by the code of professional ethics, as described above.

Friederike Ziegler

Appendix 6

Trip **Date_____2005** adapted from Mollenkopf *et al* (2004)

When did you leave your home? _____

Description of Trip

	Walk	Bike	Car Driver	Pass-enger	Bus	Other		With			Activity	Where?
								Alone	Partner	Other		
First part												
Second Part												
Third Part												
Fourth Part												
Fifth Part												

Arrival time back home: _____

How was the trip?
Which part of the trip was comfortable? _____
Why?_____
Which part of the trip was uncomfortable? _____
Why?_____

Appendix 7

Focus Groups Pilot (July 2005)

Derwentside

Session One: split into male / female subgroups

Task 1 - participatory diagram on 'where do you go when you leave the house?'.

Task 2 – Stickers on 'how do you get there?'

Task 3 – Stickers on 'problems?'

Task 4 - Discuss: coping strategies.

Session Two: split into age groups and male/ female subgroups.

Task 1 - draw a map of neighbourhood with personalised comments

Task 2 - Stickers on 'what do you like about your neighbourhood?'

Task 3 – stickers on 'what do you dislike about your neighbourhood?'

Task 4 – Discuss how things have changed.

Wear Valley/ Teesdale

Session One: split into ability/ disability groups, draw individual maps

Task 1 – draw a 'mobilities map' of immediate neighbourhood)

Task 2 - stickers for problem areas/ access etc

Task 3 – draw 'mobilities map' of larger radius

Task 4 -

Session Two: younger/ older

Task 1- timetable of last week's activities (diary by volunteers)

Task 2- take photos of area (younger ones in pairs)

Task 3 – Diagram of activities/ place people used to do/ visit 10/ 20 years ago (in age groups; m/f)

Task 4 – Discuss changes (all)

Appendix 8

Participant Information Leaflet

Appendix 9

Getting Around Final Report 2007

Appendix 10

Interview Schedule

Themes	Prompts	Questions (Examples)
Community	1. Growing-up in a community 2. Being part of a community as an adult 3. Community activities/ involvement 4. Growing older in the community	What do you think community is? Tell me something about the community you grew up in. What was it like? What was it like when you were an adult/ working/ married? Were you involved in any activities? What are/were your interests/ hobbies? Have any of these interests/involvements changed over the last years and how/ why? How has the community changed over the years? How have you changed over the years? What has remained the same
Mobility	1. Getting around in the past (childhood, young adult, adult) 2. Getting around in the present 3. Access to services/ facilities in the past 4. Changes to access 5. Obstacles 6. Solutions	What is mobility, what does it mean to you? How did people get around in those days? How did you and your family get around? What sort of places did you go to? When? How often? Where do you go these days? How do you go there? How do you get around in your own home/ garden? What kind/type of public/ health services do you access? What public facilities do you use? If not, why. How do you feel about those? Have you always used those services/ facilities. How has your use changed and why? What obstacles are there for you to services/ facilties, what are the possible solutions to remain independent?
Social Exclusion	1. Feeling in control of one's life a) in the past b) in the present 2. Influencing decisions in community and beyond a) in the past b) in the present 3. Financial situation 4. Support from service providers a) in the past b) in the present 5. Support from family/ friends 6. Solutions	Do you feel that you have had a good life so far? What would you have done differently? Have you felt that you were in control of your life since you've become an adult? Do you feel that you are in control of your life now? Do you take an interest in community issues? Have you felt that you might be able to influence what goes on in the community in the past/ in the present? Do you ever feel excluded? When? What from? Do you ever worry about financial issues? Do you ever think 'I can't do that because I haven't got the money'? What would help you to worry less? What kind of support do you get from statutory agencies, such as social services, health services etc. How do you find dealing with them? Are they supportive? Do you have a family/ Do you have friends? Has being disabled changed the relationships with them? Do you get support from them? What kind of support? Do you ever feel lonely? What would help you to feel less isolated?